Performance

Report

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| Name: | Bupa Dural |
| Commission ID: | 0570 |
| Address: | 1 Stonelea Court, DURAL, New South Wales, 2158 |
| Activity type: | Site Audit |
| Activity date: | 4 June 2024 to 6 June 2024 |
| Performance report date: | 11 July 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 5391 Bupa Dural |

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 Bupa Dural (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* other information held by the Commission.

# 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 assessed as Compliant.

Consumers and representatives said consumers were treated with dignity and respect, and felt valued whatever their identity, culture, or diversity. Staff and management described how they treated consumers with dignity and respect, and what they would do if a consumer’s dignity was not being upheld. Consumers were advised of their rights to be treated with dignity and respect and provided the Charter of Aged Care Rights in the consumer handbook. Staff were observed attending to all consumers in a respectful manner. The service had a dignity and choice policy and process to guide staff.

Consumers and representatives said the service recognised and respected consumers’ cultural background, and provided care that met their cultural needs and preferences. Staff and management knew consumers’ culture and background and described how they provided culturally safe care to suit their individual needs and preferences. Care plans detailed consumer’s cultural backgrounds, and their cultural needs and preferences. The service had policies and training to guide staff in providing culturally safe care.

Consumers and representatives said they were supported to exercise choice about their care and services, and to maintain important relationships. Staff and management described how they supported consumers to maintain their independence, make decisions about their care, and maintain relationships with the people important to them. Care planning documents clearly documented consumer’s care delivery choices, who else they wanted involved in their care decisions, and the relationships they wished to maintain.

Consumers and representatives confirmed the service supported them to make choices involving risks, to live the life they chose. Management and staff described how they supported consumers to participate in activities involving risks to enhance their quality of life. Care planning documents confirmed consumers were supported to understand and take risks with agreed mitigation strategies in place. The service had policies and procedures supporting consumers’ right to make their own decisions about their lives.

Consumers and representatives confirmed the service provided timely, accurate and current information which enabled them to make informed decisions about their care and service choices. Staff described how they provided accurate and current information to tailored to consumers’ needs using methods such as, newsletters, cue cards, notice boards, announcements, speaking in person, phone calls and emails. Information including the activities calendar, newsletters, and meeting minutes was observed around the service.

Consumers and representatives described how consumers’ privacy was always respected, and doors closed when receiving care. Staff described the practical ways they respected the personal privacy of consumers and protected their personal information. Staff were observed respecting consumers’ privacy such as by knocking before entering consumers’ rooms and logging off password protected computers when unattended. Care planning documents recorded consumers’ privacy preferences and the service had policies, protocols, and staff training on respecting privacy and confidentiality.

# 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 assessed as Compliant.

Consumers and representatives said they were involved, and had a say, in the care planning process, which considered risks to consumers’ health and well-being. Staff detailed the care planning process and how it informed the delivery of safe and effective care. Care planning documents showed a suite of assessment forms and risk assessments built into the electronic care management system which guide staff through the assessment and care planning process. The service had documented policies and procedures aligned to best practice principles, to guide assessment and care planning.

Consumers and representatives expressed satisfaction with the assessment and care planning process and said their care plans were sufficiently detailed to inform the delivery of safe and effective care and services. Management and staff described thorough assessment and care planning processes, including how they considered risks to each consumer’s health and well-being, to inform the delivery of safe and effective care and services.

Consumers and representatives described how the assessment and planning of care captured consumers’ needs, goals, and preferences, including advance care and end of life plans. Management and staff demonstrated how assessment and planning reflected each consumer’s current and advance care preferences and how they approached conversations around end of life care planning. Care planning documents included advance care directives for consumers that had chosen to complete one.

Consumers and representatives described how they were actively involved in the assessment, planning and review of consumers’ care. Management and staff described the processes in place to partner with consumers and representatives and other health professionals in the assessment and planning of care and services. Care planning documents confirmed consumers, representatives and other health professionals were involved in the assessment and planning of consumers’ care and services.

Consumers and representatives described how outcomes of assessment and planning were communicated to them, and they were aware they could get a copy of the consumer’s care plan, if they wanted. Staff described the processes for documenting and communicating the outcomes of assessments to consumers and representatives. Care planning documents showed outcomes of assessment and care planning were communicated to consumers and representatives in a timely and appropriate way.

Consumers and representatives advised they were involved in the regular review of consumers’ care plans and confirmed if circumstances changed or incidents occurred, they were consulted further. Staff advised consumers’ care plans were reviewed monthly and yearly, and reviewed when circumstances or care needs changed. Management demonstrated scheduled care reviews were monitored and tracked.

# 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 assessed as Compliant.

Consumers and representatives said the personal and clinical care provided was safe and effective, met consumers’ needs and preferences, and optimised their health and well-being. Staff understood individual consumer’s personal and clinical care needs and could explain how they met them. Care planning documents reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer. The service had policies, procedures, and tools to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives expressed satisfaction with the personal and clinical care provided, and the way high-impact and high-prevalence risks to consumers were managed. Staff described the high-impact and high-prevalence risks impacting on consumers at the service, and how they prevented and managed these risks. Care planning documents showed risks associated with the care of individual consumers had been identified, and effective mitigation strategies put in place. The service had written policies and processes to support staff in managing risks to consumers’ health and well-being.

Consumers and representatives confirmed they had discussed consumers’ advance care and end-of-life care with staff, and they were confident the service would meet their end of life care needs and preferences. Staff described how they adjusted care delivery for consumers nearing the end-of-life, to maximise their dignity and comfort. Care planning documents included advance care and end-of-life care plans where applicable.

Consumers and representatives said the service recognised and responded to deterioration or changes in consumers’ condition, and communicated with them in a timely manner. Staff described how deterioration or change in consumers’ condition was identified and communicated effectively within the service during handover and daily huddles. Care planning documents confirmed any deterioration or change in condition was responded to appropriately. The service had policies and procedures to guide staff on recognising and responding to deterioration and changes in consumers’ condition.

Consumers and representatives confirmed current information about consumers’ condition, needs and preferences was shared effectively between staff, and others involved in providing care. Staff described how current information about consumers’ condition, needs and preferences was shared within the organisation and with external care providers.

Consumers and representatives said the service referred consumers to appropriate other organisations and health professionals. Staff described the processes for referring consumers to other health providers to support their ongoing care. Care plans confirmed the organisation collaborated with a network of other individuals and organisations providing care and services, to support the diverse needs of consumers.

Consumers and representatives expressed confidence in the infection prevention and control measures at the service. Management and staff confirmed they had received training and described how the service applied infection prevention and control measures and promoted antimicrobial stewardship. The service had a dedicated infection prevention and control lead and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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 assessed as Compliant.

Consumers and representatives reported the services and supports for daily living met consumers’ needs, goals, and preferences, and promoted their independence and quality of life. Staff described how the lifestyle assessment documented the supports needed by each consumer to meet their needs, goals, and preferences for daily living. Care planning documents captured consumers’ life story and detailed the services and supports they required to optimise their independence, quality of life, and well-being.

Consumers and representatives described how the service promoted their emotional, spiritual and psychological well-being. Staff provided examples of how they supported consumer’s emotional, psychological, and spiritual well-being such as by providing religious services or spending one on one time with consumers. Care planning documents included information on supporting consumers' emotional, psychological, and spiritual well-being. The activities calendar displayed one-on-one visits, church services, and weekly pastoral visits.

Consumers and representatives said consumers were supported to participate in their community, within and outside the service, to do things of interest, and maintain social and personal relationships. Staff described how they supported specific consumers to participate in their community, do things of interest, and maintain personal relationships. Care planning documents detailed the support consumers needed to maintain their interests, participate in their community, and maintain important relationships. Staff were observed encouraging consumers to participate in activity sessions.

Consumers and representatives confirmed information about consumers’ condition, needs, and preferences was effectively communicated and staff were aware of consumers’ current needs and preferences. Staff described how they communicated current information about consumers’ condition, needs, and preferences for daily living at huddles, shift handover meetings and through the electronic care management system. Care planning documents detailed sufficient current information to provide suitable services and supports for daily living.

Consumers and representatives confirmed the service provided prompt and appropriate referrals to other individuals and organisations providing services. Staff described how they obtained consumers’ consent to refer them to external individuals and organisations for additional services and supports. Care planning documents showed consumers had access to external services to enhance the lifestyle supports and services available.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of meals provided. Consumers confirmed they could request alternative meals and snacks at other time. Staff were aware of consumers’ dietary needs and preferences, which aligned with their documented care plans. Management explained various ways consumers could provide feedback about the food and input the menu such as through food focus meetings. The Assessment Team observed the main kitchen was clean and tidy however, the 4 serveries had some cleaning deficiencies which were addressed immediately and with no negative impact on consumers.

Consumers and representatives said the equipment provided was safe, suitable, clean, and they knew how to raise any maintenance issues. Staff described the processes in place for keeping the equipment safe, clean, and well maintained. The equipment appeared to be safe, suitable, clean, and well-maintained.

# 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 assessed as Compliant.

Consumers and representatives said the service environment was welcoming and optimised consumers’ independence, interaction, and function. homely and enabled them to maintain their independence and have a sense of belonging. Staff described how they made consumers and visitors feel welcome and enjoyed assisting consumers to personalise their rooms and feel at home. The service had various features which helped optimise consumers’ sense of belonging, independence, interaction, and function. Consumers were observed socialising with family and both inside and outside, and staff greeted visitors and consumers warmly.

Consumers and representatives said the service environment was safe, clean, well-maintained, and enabled them to move around freely, both indoors and outdoors. The Assessment Team noted some areas which required cleaning and management implemented immediate corrective actions. Cleaning and maintenance staff described how they worked to planned and reactive schedules to keep the service safe, clean, and well maintained. Consumers were observed freely accessing all areas of the service, including various courtyards and gardens.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the processes in place for cleaning and maintaining, the furniture, fittings, and equipment at the service. The furniture, equipment and fittings appeared to be safe, clean, well maintained, and suitable for use.

# 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 assessed as Compliant.

Consumers and representatives said they felt encouraged and supported to provide feedback and make complaints through various avenues offered such as, talking to staff, completing feedback forms, and attending meetings. Management and staff described how they encouraged and supported consumers to provide feedback and make complaints through a variety of channels. Information about complaints processes and feedback forms were observed around the service and in the consumer handbook. The service had a documented complaint policy and process to guide staff.

Consumers and representatives said they were comfortable in raising any issues with management and staff directly but also knew they could complain externally and access advocacy services. Management and staff described external interpreter and advocacy services, and how they supported consumers to access these services, including those with communication barriers. Information regarding alternative complaint avenues, the Commission, and advocacy services was displayed around the service.

Consumers and representatives said the service promptly addressed and resolved their complaints using open disclosure. Management and staff explained how they recorded and resolved complaints following an open disclosure process. The feedback and complaints register showed evidence actions were taken in response to complaints and an open disclosure process was followed. The service had policies and procedures to guide staff in the management of complaints and the open disclosure process.

Consumers and representatives confirmed their feedback and complaints were used to improve the quality of care and services. Management and staff described how feedback and complaints were reviewed and used to identify opportunities for improvement. The continuous improvement plan and feedback and complaints register showed feedback and complaints were recorded and used to improve the quality of care and services.

# 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 assessed as Compliant.

Consumers and representatives said the service had adequate staff to fulfill their care and service needs in a timely manner. Staff said they felt well supported, and there were sufficient staff to provide the right care and services to each consumer. Management described how they planned the workforce to minimise reliance on agency staff and ensure the delivery of safe and quality care and services to consumers. Documentation confirmed call bell response times were within target and the service met the regulations for care minutes and registered nurse coverage.

Consumers and representatives said staff were kind, caring, and respectful and knew their individual needs. Management and staff were familiar with each consumer’s identity, culture, and needs and explained training on the Aged Care Code of Conduct was mandatory. Staff were observed always interacting with consumers in a kind, caring, and respectful manner.

Consumers said staff were efficient, confident, and skilled to meet consumers’ needs. Management described how the recruitment processes ensured staff were competent and met the qualification, registration, and security requirements before they commenced. Workforce records confirmed qualifications, professional registrations and security checks were monitored and current.

Consumers and representatives felt staff had the appropriate training and support to deliver safe and quality care and services. Staff confirmed receiving orientation and ongoing training and support to perform their roles effectively and delivery quality care and services. Management described the initial and ongoing training staff received in delivering care in line with the Quality Standards. The service tracked training completion on an electronic management system which confirmed staff training was completed on time.

Consumers and representatives confirmed they were happy with the quality of staff. Management described how the performance of staff was continually monitored, assessed, and reviewed through annual performance appraisals, continuous monitoring, and regular catch ups. Staff confirmed they had completed regular performance appraisals with management. Records showed the service had effective systems in place to regularly assess, monitor, and review the performance of the workforce.

# 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 assessed as Compliant.

Consumers and representatives confirmed the service was well-run and they were involved in the development, delivery and evaluation of the care and services. Management and staff advised how consumers and representatives were actively engaged in the development, delivery and evaluation of care and services through various meetings, feedback mechanisms, consumer surveys and the Consumer Advisory Body (CAB). Documentation showed consumers and representatives actively participated in the evaluation and improvement of the care and services.

Consumers and representatives said consumers felt safe at the service with access to quality care and services in an inclusive environment. Management described how the Board promoted a culture of safe, inclusive, and quality care and services, and was accountable for the performance of the service and compliance with the Quality Standards. The multidisciplinary Board oversighted the service through regular reports and committees, including a Quality Care Advisory Body (QCAB).

Management described effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. The Board ensured the governance systems and processes were effective in delivering care and services in accordance with the Quality Standards. Management and staff were aware of the governance policies and confirmed the policies were implemented in practice.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and management and preventing incidents. Management and staff demonstrated an applied understanding of these policies and how they implemented them.

The service had a documented clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restrictive practice, and practising open disclosure. The service had a clinical governance committee who provided guidance and oversighted the clinical governance arrangements and policies. Management and staff explained how they received training and applied these policies and procedures in the delivery of care and services.

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)