Performance

Report

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| Name of service: | Catholic Healthcare Jemalong Residential Village |
| Service address: | 240 Edwards Street FORBES NSW 2871 |
| Commission ID: | 0066 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 30 May 2023 to 1 June 2023 |
| Performance report date: | 29 June 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.

**This performance report**

This performance report for Catholic Healthcare Jemalong Residential Village (**the service**) has been prepared by J Miaris, 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; 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.

# 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 compliant as 6 of the 6 Requirements have been assessed as compliant.

The Service was found non-compliant in Standard 1 in relation to Requirement 1(3)(a) following a site audit in January 2021. Evidence in the site audit report dated 30 May 2023 to 1 June 2023 supports that the Service is now compliant with this Requirement. Consumers said they were treated with dignity and respect, and their individual preferences and needs are recognised and valued. Staff described how they provide culturally appropriate care to consumers and are respectful of their diversity. Care planning documents reflected consumers’ identity and culture.

Consumers said they receive care that is culturally safe, and staff understand their needs and preferences to ensure their choices are respected. Staff identified consumers with diverse backgrounds, and care planning documentation reflected consumers preferences, including their cultural and spiritual needs.

Consumers said they are supported to exercise choice and independence including who they wish to be involved in their care and to maintain relationships. Care planning documents reflected consumer choices and what was important to them, including maintaining personal and social relationships, and lifestyle choices.

Consumers said they are supported to take risks which enables them to live their best lives. Staff demonstrated knowledge of the consumers who wish to partake in risk activities describing examples of how the organisation supports consumers to make choices, including those that present risks. Care planning documents demonstrated risk assessments were completed, with strategies in place that were in in line with the service’s risk management policies and procedures.

Consumers said information provided to them was clear and easy to understand, and they are involved in meetings and are provided with, newsletters, menus, and activity calendars, which enables them to exercise choice. The service communicates information via noticeboards, meetings, newsletters, and any changes communicated by relevant staff, this enables consumers to exercise choices that impact on their daily lives. A weekly menu, activities schedule and a scheduled meetings calendar was observed to be on display at the service.

Consumers reported their privacy and confidentiality is respected and described staff practices such as allowing them their personal space when they have visitors and by knocking on doors and seeking consent before entering their room. Staff described how they support consumers to communicate their preferences, to ensure their privacy is maintained and gave examples of how they maintain the privacy of consumers. The service had a policy describing how the service maintain and respects the privacy of consumers’ personal and health information.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Care planning documentation reflected input from relevant practitioners and service providers that contribute to assessing and planning safe and effective care. The service demonstrated risks to the consumer’s health and well-being is considered during assessment and planning to ensure care and services are safe and effective. Staff described how regular care assessments are completed to ensure safe and effective care is delivered and described the assessment and care planning processes, involving consumers and representatives.

The service demonstrated that assessment and planning identify and address the consumer’s current needs, goals, and preferences, including advance care planning and end of life wishes. Care planning documentation were individualised, reflecting consumers’ individual needs and preferences, including advanced care plans in place for consumers that consented to provide this information. Management said consumers and their representatives can discuss advance care planning and end of life wishes during the admission process if they wish and during regular conversations and during regular care plan reviews.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and care planning process. Staff described processes for partnering with consumers and representatives in care planning. This was reflected in consumer and representative feedback.

The Service was found non-compliant in Standard 2 in relation to Requirement 2(3)(d) following a site audit in January 2021. Evidence in the site audit report dated 30 May 2023 to 1 June 2023 supports that the Service is now compliant with this Requirement. Consumers and representatives said they had a copy of the consumer’s care plan, or had been offered a copy, and staff regularly communicated with them to ensure care planning documentation reflected consumers care needs and preferences. Management and staff described the processes for documenting and communicating assessment outcomes with consumers and or representatives, this was reflected in care planning documentation.

The Service was found non-compliant in Standard 2 in relation to Requirement 2(3)(e) following a site audit in January 2021. Evidence in the site audit report dated 30 May 2023 to 1 June 2023 supports that the Service is now compliant with this Requirement. Care planning documents evidenced they were updated when circumstances change, such as a change in health or when incidents occur. Management said the service has procedures in place for reporting incidents and daily monitoring of services that are reviewed regularly for effectiveness and when circumstances change or when incidents impact on the needs of consumers.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

The Service was found non-compliant in Standard 3 in relation to Requirement 3(3)(a) following a site audit in January 2021. Evidence in the site audit report dated 30 May 2023 to 1 June 2023 supports that the Service is now compliant with this Requirement. Consumers said they are confident the care they receive is safe and right for them and care provided is consistent with their needs and preferences, which optimises their health and well-being. The service had policies, procedures, and systems in place to deliver safe and effective care to meet consumers care needs and staff demonstrated they were aware of the personal and clinical needs of consumers. Care planning documentation reflected the service develops appropriate care and management plans for consumers.

The Service was found non-compliant in Standard 3 in relation to Requirement 3(3)(b) following a site audit in January 2021. Evidence in the site audit report dated 30 May 2023 to 1 June 2023 supports that the Service is now compliant with this Requirement. Consumers and representatives said care is safe and right for consumers. Care planning documents identified that high impact and high prevalence risks were effectively managed, and Staff explained and provided examples of how they identify, assess, and manage risks.

Staff described how they deliver end of life care to consumers in line with their needs, goals, and preferences. Consumers and representatives expressed confidence that when consumers’ needed end of life care, the service would support them to be as pain free as possible and to have those important people with them. Care planning documents identified consumers’ personal choices and preferences for end of life care, with advance care plans in place.

Consumers said that staff know them well and expressed confidence that any deterioration or change to their condition would be responded to. Care planning documents demonstrated that deterioration of consumers’ condition is responded to in a timely manner and plans are in place for when changes occur. The service had policies and procedures to guide staff in the management of deterioration and staff felt confident and supported in providing this care.

Care planning documents contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Staff and management described how information about consumers’ needs, conditions, and preferences are documented, accessible, and communicated within the organisation and with others where clinical care is shared.

Consumers and representatives said referrals are timely, appropriate and occur when required. Staff described the process to refer clinical matters to other providers including the sharing of information. Care documents contained input from other services, which detailed information to support effective and safe sharing of the consumer’s condition, preferences, and care needs.

The Service was found non-compliant in Standard 3 in relation to Requirement 3(3)(g) following a site audit in January 2021. Evidence in the site audit report dated 30 May 2023 to 1 June 2023 supports that the Service is now compliant with this Requirement. The service had policies and procedures in place to guide staff in relation to antimicrobial stewardship, infection control management, and documented processes for the management of an infectious outbreak. Staff confirmed they have received training in infection minimisation strategies including infection control and COVID-19. The workforce demonstrated an understanding of precautions necessary to prevent and control infection and the steps they could take to minimise the use of antibiotics.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers were satisfied that services and supports for daily living are safe, effective, and meet their needs, goals, and preferences, optimising their independence, well-being, and quality of life. Care planning documentation identified consumers’ choices, services, and supports they need to do the things they want to do and were observed engaging independently and with assistance from staff participating in various activities.

Consumers said their emotional, spiritual, and psychological needs were supported. Staff described and gave examples of cultural awareness recognising different cultures and backgrounds of consumers, to provide services that are meaningful to them. Care planning documentation outlined consumers emotional and spiritual needs with strategies in place to support and ensure consumers emotional, spiritual, and psychological wellbeing needs are met. Staff were observed taking the time to sit and talk to consumers and described how they provide extra support to consumers when they identify the need for additional emotional, spiritual, and psychological supports.

Consumers said they were supported to stay connected with the people who are important to them, participate in the community within and outside the service, and do the things of interest to them. Staff described how they work with external community groups to assist consumers to follow their interests, social activities and maintain their community connections.

Staff described how communication of consumers’ needs and preferences occurs via care planning documents, the service’s electronic care management system, and shift handover to enable the provision of safe and personalised care to consumers. Consumers said staff were aware of their conditions, needs and preferences. Care planning documents included adequate information to support safe and effective care.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers said the service has referred them to external providers to support their care and service needs. Care planning documents evidenced the service collaborates with external providers of other care and services. Staff described how they work with external organisations to refer consumers who are actively involved in the referral process to ensure appropriate service and supports.

Consumers expressed satisfaction with the quality, quantity and variety of food served at the service. The service demonstrated they provide meals that are varied and of suitable quality and quantity. The service had processes and systems in place for consumers to provide feedback on the quantity and quality of food and menus are planned to meet consumers’ dietary needs and preferences.

Consumers said they feel safe when using equipment and know how to raise any safety concerns. Staff described how they identify any potential risks to the safe use of equipment and their responsibilities for its safety, cleanliness, and maintenance. Management described the process for maintenance and cleaning of equipment.

# 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

The service environment was observed to be welcoming, with shared communal areas, with well-maintained outdoor areas for consumers to interact and socialise with visitors. Staff said consumers were supported to make the service environment feel like home with personalised rooms and described how they support consumers to maintain their independence. Consumers said that they can personalise their rooms, including bringing in furniture and possessions of their choice.

The service environment indoors and outdoors were observed to be clean, well maintained, free from any obstructions or hazards and consumers were moving freely inside and outside the service. Staff were observed cleaning consumer rooms, communal areas, with a cleaning and maintenance schedule in place. Consumers and representatives said the service environment is clean and well maintained, and is a safe environment to live in.

Consumers said that equipment is clean and well maintained, and described how to report any maintenance concerns. Management and staff described how furniture and equipment is maintained under a scheduled maintenance plan and explained the processes for reporting maintenance issues.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt safe and were supported to provide feedback or raise concerns directly with staff and management. Staff and management described various avenues available for consumers and representatives to provide feedback and or make a complaint and staff were aware of the process to follow when an issue was raised with them directly. Documentation evidenced consumers and representatives were encouraged and supported to provide feedback and raise concerns.

The Service was found non-compliant in Standard 6 in relation to Requirement 6(3)(b) following a site audit in January 2021. Evidence in the site audit report dated 30 May 2023 to 1 June 2023 supports that the Service is now compliant with this Requirement. Consumers and representatives said although they were aware of other avenues for raising complaints, they were comfortable raising concerns with management and staff in the first instance. Staff were aware of the process to engage advocacy and language services should a consumer require them, and advocacy and language services and other complaint information were observed displayed at the service accessible to consumers.

The Service was found non-compliant in Standard 6 in relation to Requirement 6(3)(c) following a site audit in January 2021. Evidence in the site audit report dated 30 May 2023 to 1 June 2023 supports that the Service is now compliant with this Requirement. Consumers and representatives said when they raise a concern, it is responded to in a timely manner, with management seeking a resolution. Staff and management provided examples of the process that is followed when feedback or a complaint is received, staff acknowledged they have been trained in open disclosure, and demonstrated an understanding of open disclosure principles and how they have been applied.

Consumers and representatives said they were satisfied that their complaints and feedback had resulted in improvements to care and services. Management and staff described processes and systems in place for recording, analysing, and escalating complaints, and how they were used to improve the care and services. Documentation and examples provided by consumers and staff demonstrated that feedback and complaints were considered by the service and improvements had been implemented accordingly.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said they were satisfied there is enough staff to meet consumers’ care needs and answer call bells promptly. Management and staff said they ensure there is enough staff to provide safe and quality care, based on classification of staff and allocation in accordance with consumers’ needs. Rostering documentation reflected shifts were mostly filled or the service had options to utilise existing staff, such as extending staff hours or the use of agency staff if required. Management explained how call bell data is monitored and any identified trends of concern are investigated.

Consumers said staff engage with them in a respectful, kind, and caring manner. Staff demonstrated an in depth understanding and familiarity of consumers’ needs and preferences when providing care. Management monitor staff interactions with consumers through observations and from feedback and complaints. Staff interactions with consumers were observed to be of a kind and caring nature and staff were observed referring to consumers by their preferred name and engaging in friendly and familiar conversations.

Consumers and representatives said staff performed their duties effectively and were sufficiently skilled to meet consumers care needs. The service detailed processes for ensuring the workforce were competent and have the qualifications or knowledge to effectively perform their roles. Documentation demonstrated staff had appropriate qualifications, knowledge, and experience to perform their duties.

Staff said they are competent in their roles and are provided with ongoing training. Management described the annual face to face mandatory training and online training resources for staff to complete and how completion of mandatory training is monitored. The service had a documented training program that included mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported.

Performance of staff is regularly assessed, monitored, and reviewed in line with the service’s policies and procedures. Management explained that new staff undertake 6 monthly probationary reviews and annual performance appraisals thereafter for all staff. Staff described how performance appraisals occur and confirmed that in addition to performance feedback, they discussed their development needs.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said they were engaged in the development, delivery and evaluation of care and services. Management described the ways consumers and representatives are engaged including care planning reviews, surveys, providing feedback and regular meetings where management seeks feedback from consumers and representatives about the care and services provided. The service had effective systems to engage and support consumers in the development, delivery, and evaluation of care and services, this was demonstrated and reflected in documentation.

Management demonstrated how the governing body and the board are involved and informed in the delivery of care and services via platforms such as committee meetings and reports where service performance and trends are reviewed. The service gathers quality indicator data to ensure the service is meeting the Quality Standards. The organisation had documented policies outlining the organisational governing structure and their responsibility in promoting a culture of safe, inclusive, quality care and services and is accountable for their delivery.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to regulatory compliance, management described how regulatory changes to aged care legislation is monitored by the organisation’s governing body and regulatory changes are communicated to all staff via email and memorandums from the governing body to ensure compliance.

The Service was found non-compliant in Standard 8 in relation to Requirement 8(3)(d) following a site audit in January 2021. Evidence in the site audit report dated 30 May 2023 to 1 June 2023 supports that the Service is now compliant with this Requirement. The service had a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and how incidents are managed and prevented, supporting consumers to live the best life they can. Staff said risks are reported, escalated, and reviewed by management at the service level and the organisation’s executive management level, including the governing body. Staff detailed their responsibilities in identifying and responding to abuse and neglect of consumers.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff demonstrated knowledge in these areas and were able to provide examples of how it applied to their day-to-day work.

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)