Performance

Report

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| Name of service: | Frank and Jess Kennett Home |
| Service address: | 1A Railway Crescent STANWELL PARK NSW 2508 |
| Commission ID: | 0152 |
| Approved provider: | United Protestant Association of NSW Limited |
| Activity type: | Site Audit |
| Activity date: | 7 August 2023 to 9 August 2023 |
| Performance report date: | 31 August 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 Frank and Jess Kennett Home (**the service**) has been prepared by K. Richards 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 consumers, representatives, staff, management, and others.

The provider did not submit a response to the Assessment Team’s report.

# 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.

Consumers and representatives said staff treated them with dignity and respect and valued their background and cultural identity. Staff members described how they always treated consumers with dignity and respect, and how they knew each consumer’s individual needs and preferences. Interactions between staff and consumers were observed to be dignified and respectful.

Consumers and representatives felt staff were aware of their background and their cultural needs. Management described how consumers’ cultural backgrounds were recorded during the assessment and care planning process, and staff were made aware of their needs and followed their preferences. Staff demonstrated they were aware of consumers’ cultural backgrounds and related preferences, even where they had been living in Australia for a long time.

Consumers advised they were supported to maintain their independence, make decisions about their care and services, and involve others where they wished. Consumers described methods through which staff supported them to maintain relationships of importance. Staff described consulting with consumers to understand and respect choices about their care and services, including using non-verbal communications if needed, and helped consumers to maintain important relationships. Care planning documentation recorded each consumer’s choices, care preferences and important relationships.

Consumers and representatives said they were supported to understand and take risks to live their best life. Care planning documents showed how risks were identified and managed in consultation with consumers, to support their overall wellbeing. Staff described how they supported individual consumers that engaged in activities involving risks, and how they considered and mitigated those risks.

Consumers said they were kept informed about what was happening at the service and could make informed choices based on this information. Staff described how consumers were kept informed about activities, events, and changes at the service including through the monthly events calendar, newsletters, Resident and Relative meetings, noticeboard displays, and verbal communication is used for consumers who struggle to read published information. A variety of information was observed to be available to inform consumers and support their decision making.

Consumers said staff respected their privacy and always knock on their doors before entering their rooms. Staff explained how they ensured each consumer’s privacy was respected a day-to-day basis and personal information kept confidential. Staff confirmed they always knocked on consumers’ doors before entering their rooms and closed the door, windows/curtains when attending to personal care. Staff said they took care not to disclose consumers’ personal information and the electronic care management system was password protected and logged out when not in use.

# 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.

Consumers and representatives were satisfied with the assessment and care planning process and felt consumer care risks were identified and needs met. Staff described the assessment and care planning process, including the admission process, and how they ensured risks associated with each consumer’s care were identified and addressed. Care planning documents included validated assessment tools to identify risks associated with consumer health and wellbeing and inform management strategies. The service had an assessment and planning policy and procedures to ensure initial and ongoing assessment and planning was completed in partnership with the consumer and others involved in their care.

Consumers and representatives described how assessment and planning included consumer goals, needs and preferences, and said they had opportunity to discuss and record advance care planning. Staff described ensuring assessment and planning included what is important to the consumer about care, and how they approached advance care planning conversations with consumers and their families. Care plans documented consumers’ needs, goals and preferences, and advance care plans were clearly recorded. Staff guidance on advance care planning is available through the Advance care planning policy and procedure.

Consumers and representatives described being involved in the assessment and care planning process on a regular and ongoing basis. Staff described how the assessment and planning process was completed in partnership with the consumer, their representative, and other involved providers of care. Care planning documents demonstrated the involvement of consumers, representatives, and other health providers including medical and allied health staff, and specialist services.

Consumers and representatives said staff explained things about their care they were able to access a copy of the care plan if they wanted to. Management and clinical staff described how they discussed the results of assessments and planning with consumers and representatives face to face, over the phone, and through regular care conferences. and a copy of the care plan is offered during the care conferences and monthly updates. Care planning documents were readily accessible to the appropriate staff within the electronic care management system.

Consumers and representatives were satisfied care and services were reviewed for effectiveness regularly, when an incident occurred, and when consumer needs and preferences changed. Care planning documentation demonstrated reviews were undertaken regularly and following incidents. Management and clinical staff explained that care plans and assessments were reviewed in detail every 6 months and through a monthly resident of the day review. Staff stated care plans were also reviewed following incidents or changes in the consumer’s circumstances.

# 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.

Consumers and representatives expressed satisfaction with the personal and clinical care consumers were receiving and said it was meeting needs and preferences. Staff described how they provided best practice personal and clinical care that was tailored to the needs of each consumer. Care planning documents demonstrated personal and clinical care was tailored to optimise consumer health and wellbeing, incorporating advice from specialist providers for complex care needs where required. The service had a range of policies, procedures, and training programs which guide staff on providing best practice personal care and clinical care tailored to the needs of consumers.

Consumers and representatives said they were satisfied with the way the service managed risks associated with consumer care. Staff described the high impact, high prevalence risks that impacted on the consumers at the service and how the delivery of care considered these risks. Care planning documents demonstrated risks associated with individual consumers were identified and mitigation strategies put place. The service has a suite of policies and procedures which guide staff in the management of clinical risks.

Representatives described how staff discussed consumer deterioration, identifying when heading into a palliative care pathway. Staff explained how they approached end of life care and ensured consumers’ dignity and comfort, including pain management, was considered, and support provided for family members. The service had written policies and procedures which guide staff on providing appropriate palliative and end-of-life care to consumers, and involved palliative care specialists.

Consumers and representatives stated the service recognised and responded to changes in consumers’ condition in a timely manner. Staff provided examples of how they identified and responded to acute or chronic deterioration or change in a consumer’s condition. Care planning documents showed that changes in consumers’ condition were identified, documented and responded to promptly. The service’s Deterioration or change to a consumer’s health policy guides staff in the early detection and response to changes in consumers’ condition.

Consumers and representatives were satisfied with the care they received and felt information about their condition, needs and preferences was communicated effectively with staff involved in care. Staff described how information was shared within the service, and how they received current information about consumers by accessing the electronic care management system and through shift handovers. Care planning documents and progress notes demonstrated staff were updating consumers’ information regularly to enable the appropriate provision of care by other staff and providers.

Consumers and representatives said they had access to other health professionals and providers of care when they needed. Management and clinical staff described the referral process for consumers to access other health professionals, including those external to the organisation. Care planning documents showed that consumers had access to a range of other health professionals including allied health staff, medical officers, dementia services, wound care consultants, and palliative care specialists. The service had written policies to guide the referral of consumers to other providers of care.

Consumers and representatives expressed satisfaction with the infection control measures that were in place at the service. Staff described the day-to-day infection control measures they used to minimise infection risks to consumers. Management and clinical staff described how they ensured antibiotics were used appropriately and their use was minimised. Appropriate infection control measures were observed being practiced by staff in accordance with the service’s documented policies and procedures.

**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 and representatives said the service runs a variety of activities and events that meet consumer needs and preferences, optimising independence and quality of life. Staff described how they supported all consumers with their daily living activities to ensure they could maintain their independence and quality of life. Consumers’ lifestyle plans included information about their interests, life history and what was important to them. A range of activities were observed taking place at the service, with consumers of differing cognitive and functional capabilities participating.

Consumers and representatives said staff supported consumers emotionally, spiritually, and psychologically, if needed. Staff described how they supported individual consumers with their spiritual, emotional, and psychological wellbeing such as providing one-to-one time, and availability of a non-denominational church service on site and pastoral care. The Lifestyle Coordinator explained they kept note of special dates and anniversaries that may trigger consumers and provided additional support if it was necessary. Care plans reviewed demonstrated that the service has identified each consumer’s emotional and spiritual preferences and how to best support these needs.

Consumers and representatives described being able to participate in the community, have relationships with people that were important to them, and do the things which interest them. Staff described how they supported consumers to maintain relationships that were important to them and do things of interest, both within the service and in the community. Care planning documents recorded information on the relationships that were important to each consumer, and the activities that were of interest to them. Consumers were observed socialising, having visitors, and participating in a range of activities.

Consumers and representatives considered the staff were kept up to date in relation to their condition, needs and preferences. Staff detailed how they were kept up to date in relation to consumers’ condition, needs and preferences through the shift handover process, the electronic care management system, and daily briefings to the chef of dietary changes. Dietary information was observed to be available to kitchen and catering staff.

Consumers and representatives stated they received services and support from outside providers and organisations. Staff described available external supports they could access for consumers, such as visits from the local Minister, school children, entertainers and other volunteers. Care planning documents showed consumers were offered referrals to a range of external services and supports.

Consumers and representatives were satisfied with the food provided by the service, and said the menu was varied and they did not go hungry. Consumers said there had been improvements to the quality of food after they provided feedback. Staff described how consumers had input into the menu to ensure it met their needs and preferences, and management described ongoing monitoring and improvement processes. The menu showed a diverse range of options available to the consumers. Care planning documents included each consumer’s dietary needs, preferences and allergies.

Consumers and representatives said the equipment provided was suitable, safe, clean, and well-maintained. Staff said there was suitable equipment available to them and cleaning and maintenance processes. Maintenance staff described the processes for preventative and reactive equipment maintenance, and daily monitoring processes for safety issues and concerns. Equipment provided to consumers was observed to be safe, 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 Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives stated the service environment was welcoming, easy to understand and enabled consumers to interact freely and maintain their independence. Consumers said they could decorate their rooms and bring in personal items, with rooms large enough to support consumers requiring mobility aids to move freely. Consumers were observed moving independently throughout the service, and interacting in communal areas.

Consumers and representatives said the service was clean and well-maintained, and they could move freely both indoors and outdoors. Staff described the maintenance and cleaning process and how they ensured the service environment remained clean and safe. Cleaners were observed undertaking daily cleaning tasks, and consumers were seen mobilising freely throughout the service environment, with easy access to outdoor areas through automatic doors.

Consumers and representatives said the furniture and equipment was clean, well-maintained and suitable for use. Staff described effective processes for cleaning and maintaining the equipment, furniture and fittings in the service, including identifying and/or removing hazards until repaired. The furniture, fittings and equipment were observed to be safe, clean and well maintained.

# Standard 6

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

Findings

This Quality Standard is Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were comfortable to raise complaints and described different ways they could give feedback including via feedback forms, verbally to staff/management, and at Resident and relative meetings. Staff described the ways consumers and representatives could give feedback and complain, and how they assisted consumers and escalated issues. The service had a written feedback and complaints policy, and feedback boxes, forms, and related information was available around the service.

Consumers and representatives were aware of external complaint avenues and advocacy organisations they could access to raise and resolve complaints such as the Seniors Rights Service. Staff and management described external complaints avenues and advocacy supports they could direct consumers to. Staff said they could raise complaints on behalf of consumers, and they were aware of external complaints options such as the Aged Care Quality and Safety Commission. Information about advocacy and external complaints services was displayed around the service.

Consumers and representatives said management listened to them and gave examples of responsive actions to address their feedback and complaints. Staff and management displayed an understanding of open disclosure and described how they practiced it in their roles. Staff said this included open communication with consumers and their families when something went wrong, apologising, and ensuring all parties were informed of the actions to be taken. Management described how they investigate and respond to complaints and provided examples of how they use open disclosure, also demonstrated in complaints within the Feedback and complaints register.

Consumers and representatives said their feedback and complaints had resulted in improvements to the service. Staff and management could list changes made at the service resulting from consumers’ feedback or complaints, including relating to food leading to a change of supplier. The service’s Feedback and complaints register recorded when complaints were received, and when actions were taken to resolve the issue.

# 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, representatives, and staff said there were sufficient staffing levels to meet consumer needs, including timely responses to call bells. Management described how they monitored and managed staffing levels and addressed unplanned leave, and can increase staffing levels if required, such as during an outbreak. Rosters showed the service had sufficient staff to fill shifts. The average call bell response was under one minute and response times over 10 minutes were investigated with the consumer and staff members on shift.

Consumers and representatives said staff were kind, caring and respectful when providing care. Staff interactions with consumers were observed to kind, caring and respectful of their identity, culture and diversity. The service’s Recruitment and Selection Policy outlines the organisation’s commitment to recruiting staff who embrace the organisation’s values and code of conduct, including details of the recruitment process and flowchart to ensure suitable staff are recruited.

Consumers and representatives felt staff were capable and competent in their roles. Management described how they recruited staff and ensured they had the appropriate qualifications, knowledge, and experience to perform their duties. Staff files and position descriptions demonstrated staff had the appropriate qualifications and knowledge to perform their duties.

Consumers and representatives were satisfied staff were adequately trained and equipped to do their jobs. Management said they provided training to staff in person, online, and through external training providers. Staff felt they had the training and support needed to do their jobs well. Documentation showed the workforce was recruited, trained, equipped, and supported to deliver the outcomes required by these Standards.

Management said they monitored staff performance through annual staff appraisals and staff were notified when they were due for a performance appraisal. Management could describe the process used when performance improvement or additional training is required. Staff described how performance appraisals occurred and described when they last had one.

# 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 and representatives said they were engaged in the development, delivery and evaluation of care and services, finding the service listened and responded appropriately to their suggestions and feedback. Management advised the service engaged with consumers and representatives through daily interactions, consumer meetings, case conferences, feedback and surveys. The service has developed the Wise Elders Committee to ensure consumers have a voice and advocacy process.

Consumers said they felt safe at the service, and they received the care they needed. Management described how the organisation’s Board promoted a culture of safe, inclusive, quality care and services and was accountable for their delivery. Management said regular reporting, audit results, documented frameworks and policies, meetings and visits from the senior management team ensured the Board’s oversight of the service and delivery of quality care and services in accordance with the Quality Standards.

Management detailed the effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Documented policies and procedures supported the governance systems and staff were familiar with these policies. For example, the Board monitors legislative and regulatory requirements and communicates compliance alerts to management to share with staff and make necessary changes.

Management and staff detailed the effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff were aware of these policies and could explain how they applied them in their work, including identifying their responsibilities in identifying and responding to incidents and abuse and neglect of consumers. Monitoring of risks was undertaken through incident and audit findings, identifying trends within the service, and using a register to monitor consumers with known risks, including through dignity of choice.

The service had a clinical governance framework which included documented policies and training programs covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated an understanding of antimicrobial stewardship, restrictive practices and open disclosure, and how these were practiced and managed in their roles. Staff felt well supported in their training and empowered to effectively perform their duties.

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)