Performance

Report

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| Name: | Helping Hand Aged Care - Mawson Lakes Facility |
| Commission ID: | 6207 |
| Address: | 2 The Strand, MAWSON LAKES, South Australia, 5095 |
| Activity type: | Site Audit |
| Activity date: | 13 March 2024 to 15 March 2024 |
| Performance report date: | 18 April 2024 |
| Service included in this assessment: | Provider: 182 Helping Hand Aged Care Inc  Service: 5407 Helping Hand Aged Care - Mawson Lakes Facility |

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 Helping Hand Aged Care - Mawson Lakes Facility (**the service**) has been prepared by Patricia Golledge, 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.

# 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 said they were respected by staff, and staff were aware of their needs. Staff demonstrated knowledge of consumers’ backgrounds and described how they tailored care and services in a dignified and respectful manner to meet consumers’ needs and preferences. Care planning documentation included information about consumers’ life history, cultural, and spiritual needs to support the delivery of care and services. Interactions between staff and consumers were observed to be dignified and respect.

Consumers and representatives considered staff were aware of consumers’ cultural backgrounds, delivered appropriate care, and supported celebration of customs and traditions. Staff demonstrated an understanding of consumers’ cultural background and individual preferences and explained how they provided care and services in a culturally safe manner. The service had a policy to guide staff in the delivery of culturally safe care and services.

Representatives said consumers were supported to make decisions about their care and services, including who they would like to involve, and how care and services should be delivered. Staff could describe details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with.

Consumers described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Staff said consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care plans.

Information was observed to be available to consumers including activity schedules and menus. Representatives said information was provided in a timely and easy to understand manner which helped to make decisions about care and services. Staff described how they communicated information in an appropriate way to help consumers make informed choices and decisions, adapting communication style to meet consumer needs.

Consumers and representatives said consumers personal privacy was respected, and staff do not interrupt them when they request not to be disturbed. Staff were able to identify ways in which consumers personal privacy and confidentiality was maintained. Care documentation reflected individualised requirements for privacy as preferred by individual consumers with consents gained for photography, celebration of birthdays and identification in newsletters.

# 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 said assessment and care planning identified risks to consumers. Management described the service’s assessment and care planning processes, and the organisation had policies, procedures, and a suite of evidence-based assessment tools to guide staff practice. Care documentation was individualised and included consideration of risks to individual consumers including but not limited to falls and diabetes management. In relation to environmental restraint, the service’s Plan for Continuous Improvement (PCI) identified a recent review and assessment of consumers residing outside of the service’s memory support unit in regard to their ability to operate the keypad at the services secured front entrance. The PCI evidenced appropriate actions and strategies were in place including swipe cards distributed for some consumers enabling them to freely exit the service.

Representatives reported consumers receive care that aligns with their needs, goals, and preferences, and they are asked about their end-of-life wishes. Management advised discussions around advance care and end-of-life planning with consumers and representatives occurs during consumers entry to the service and these discussions are re-visited during case conferences or if a consumer’s condition deteriorates. Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end-of-life wishes as appropriate.

Consumers said they were involved in assessment and care planning and described the involvement of other health professionals in their care and services. Management advised how they involve consumers, representatives, medical officers and other health professionals in assessment and care planning processes including during consumer case conferences.

Representatives were satisfied outcomes of assessment and planning are communicated to them, the staff explained what was in the care plan, and they were offered a copy of consumers care plan. Management advised how consumers and representatives are involved in the assessment and care planning process through a range of ways including case conferences and during regular review processes.

Representatives said changes to consumers care plan are made following any concerns or incidents. Management advised care and services are reviewed regularly for effectiveness, or when a change occurs in a consumer’s condition needs or preferences. Care documentation evidenced consumer care and services are reviewed regularly for effectiveness when a change occurs in a consumer’s condition needs or preferences.

# 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 said the service provides safe and effective clinical care that addresses their needs and preferences. Care planning documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences including but not limited to behaviour support, catheter care, restrictive practices, wound management, and pain management. Staff demonstrated an understanding of consumers’ personal and clinical care needs and described how they tailored care and services to optimise health and well-being. Policies, and procedures were in place to support best practice personal and clinical care. The Site Audit report contained information in relation to environmental restraint, I have considered this further in Requirement 2(3)(a).

Representatives said high-impact or high-prevalence risks to consumers are managed effectively by the service. Staff described procedures to monitor, identify, and manage risks to consumer health, such as diabetes and changed behaviours, and described the risk minimisation strategies. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place.

Staff described how the delivery of care and services changed for consumers nearing end-of- life, and documentation evidenced palliative care was delivered in a way to support consumers’ dignity and comfort. Palliative and end-of-life care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Representatives said staff identified and responded to consumer health changes, adjusting care and supports accordingly. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care.

Consumers and representatives were satisfied consumer needs and preferences were accurately communicated between staff resulting in them receiving safe and effective care. Staff could describe the type of information accessible to inform consumer care needs and preferences, including care and service plans, and information shared during hand over processes. Shift handover was observed between staff to reflect details of changes in consumer’s condition and needs.

Consumers said the service’s referrals were timely and appropriate and they had access to a range of external health professionals such as allied health professionals and a Nurse Practitioner. Care planning documentation demonstrated the service collaborates and makes timely referrals to other health professionals, or other services, to meet the care needs of consumers.

Consumers and representatives said staff take precautions to minimise infection risks including wearing masks, gloves and using hand sanitiser and manage infectious outbreaks well. Practices demonstrated the service has planned and was prepared for a potential outbreak. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff were observed using personal protective equipment and practicing correct infection control processes. The service had an appointed Infection Prevention and Control Lead.

# 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 considered the service catered for their needs and preferences in a way which supports their independence, for example, some consumers said they were supported to attend to their own personal laundry. Lifestyle staff said they consulted consumers and representatives during assessment and planning processes to gather an understanding of consumers’ needs, goals, and preferences, and develop appropriate supports for daily living. Needs, goals, and preferences were captured in care planning documentation.

Staff could describe how they support consumers’ emotional, psychological, and spiritual wellbeing through spending one-on-one time with consumers. Representatives described the services and activities provided to support consumers emotional, spiritual, and psychological wellbeing including one-to-one visits by a Pastoral Carer. Care planning documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs. The service’s activity calendar evidenced one-to-activities for consumers who choose to not participate in group activities.

Consumers said they were supported to maintain relationships and community connections. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as the walking group, and intergenerational days. Care documentation reflected lifestyle assessments and provided relevant information and tools for staff to utilise to help support consumers in maintaining leisure interests, community connections and relationships of importance to them.

Representatives said information was effectively shared to support their daily living needs for example, any changes to their dietary needs are updated and communicated to staff. Staff explained the processes in place to communicate information about consumers within the organisation, such as updating care planning documentation and shift handover processes.

Lifestyle staff advised they collaborate with other individuals and other providers of care and services to support consumers’ current and emerging needs. Representatives said consumers were referred to individuals and other organisations when needed. Care planning documentation demonstrates the service communicates with other individuals, organisations, or providers to support the diverse needs of consumers including but not limited to volunteer organisations and religious figures.

Consumers and representatives considered meals were of suitable quality, portion size, with a variety of options available. Consumers said their requests for alternative meals were accommodated, and meals were observed to be of suitable quality and quantity, and staff provided assistance for consumers as required during mealtime. Consumers said they were supported in providing feedback about meals through the food focus group and the service implements solutions to meet their needs. Staff had access to consumers dietary information to provide suitable meals for consumers and the menus are developed with input from consumers and reviewed by a Dietician.

Consumers expressed satisfaction with mobility equipment and said it is kept clean. Staff said they had access to equipment to provide and support lifestyle services when needed and said they are able to purchase new items as required. Equipment used to support consumers to engage in lifestyle activities was observed to be 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 reported the service is easy to navigate and they were supported to personalise their rooms how they choose. Staff demonstrated an understanding of how to support consumers in feeling at home, such as encouraging consumers to personalise their rooms and described how they assisted consumers to move freely around the service, supporting consumers’ sense of independence, interaction, and function. The service environment was observed to have wayfinding signage, and consumers’ rooms were observed to be decorated with their personal possessions such as pictures, ornaments, and books of interest.

Consumers and representatives said the service is kept clean and consumers enjoy spending time at the alfresco outdoor area of the service. Consumers reported they were able to move freely between the indoor and outdoor areas of the service and externally, with some consumers receiving swipe passes to freely exit the service. Cleaning and maintenance staff were guided by work schedules including an online maintenance system. Review of the service’s maintenance records identified reactive maintenance requests were attended to promptly and preventative maintenance was completed as per an established schedule. The Site Audit report contained information in relation to environmental restraint, I have considered this further in Requirement 2(3)(a).

Representatives said equipment and furniture is well maintained. Staff demonstrated knowledge of the maintenance request process, and said equipment, such as hoists and lifting machines, are cleaned between use. Documentation furniture, equipment, and fittings were checked for safety and functionality, and were up to date. Furniture, fittings, and equipment were observed to safe, clean, and suitable for consumers.

# 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 supported and encouraged to provide feedback and voice complaints. Staff described the services complaint procedure and how they would support consumers and escalate concerns to management. Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback. These avenues included a recently introduced software program for consumers and representatives to provide feedback and raise complaints.

Consumers reported they were aware of advocacy services and external agencies to raise complaints. Management and staff described external complaints resolution pathways available for consumers and others, such as advocates and language services. Information was observed throughout the service environment informing consumers of feedback and complaints options.

Representatives said they were satisfied how the service responds to complaints raised and they receive an apology. Management described how they responded to complaints using an open disclosure process, such as communicating with those involved in a transparent manner and providing an apology. Review of the service’s feedback and complaints register identified complaints were resolved in an appropriate and responsive manner and open disclosure was practiced.

Representatives said management respond to concerns raised and implement improvements. Management reported feedback is placed on the PCI when an improvement has been identified and noted complaint trends and regular audits may trigger new actions on the PCI. Review of documentation such as the service’s PCI demonstrated activities were created to improve 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said there were enough staff to provide care in line with their needs and preferences. Staff advised staffing numbers were adequate and the service recently increased care staff hours. Management described workforce planning and management strategies and confirmed a recent increase in care staff hours to meet consumer needs. Documentation demonstrated the service had a Registered nurse on 24 hours and systems in place to regularly review the delivery and management of safe, quality care and services including daily monitoring of call bell response times.

Consumers reported said staff were kind, caring and respected consumers ‘cultural background and identity. Staff were observed to be actively supporting consumers during mealtimes, engaging them in conversation, and offering them assistance where required. Documentation, such as policies, position descriptions and the staff handbook outlined the service’s organisational values and expectations of staff in delivery of person-centred care that was respectful of each individual’s identity, culture and diversity.

Consumers and representatives reported staff were well trained and know what they are doing. Management advised staff competency was determined through appropriate selection and recruitment processes, referring to the Aged Care Banning Orders Register, performance reviews, informal meetings, and through buddy shifts. Human resource documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions, and monitoring processes were in place to monitor expiry dates.

Consumers said staff are experienced and knowledgeable. Staff considered they work in a supportive environment, were appropriately trained and equipped to perform their roles and said they feel comfortable requesting additional training to improve their performance. Management described various training and development opportunities provided to staff and advised additional education occurs in response to incidents, observations, or feedback and complaints. Review of mandatory training records identified training was provided on a range of topics with high rates of completion.

Staff said they were supported by management during performance reviews and provided with opportunities for improvement. Management described the processes for assessment, monitoring, and regular review of performance of each member of the workforce including during probationary periods at 6 months and 12 monthly staff performance reviews. Review of documentation demonstrated staff performance appraisals were up to date.

# 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 reported that the service is well run and advised management respond to their feedback and suggestions. The service has effective systems in place to monitor and action consumer feedback on aspects of care and service delivery. Management described the mechanisms in place to engage and support consumers including the recently formed organisational wide Consumer Advisory Board.

Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services, such as through regular meetings and communication. The executive management team described the organisational structure and how it supports accountability over care and services delivered and advised the Board is composed of representatives with diverse backgrounds in commerce, and clinical practice. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators, incident management and feedback and complaints.

A reporting structure, policies, procedures, training, and audit mechanisms supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example, in relation to financial governance management confirmed the Board approved budget for 2023/2024 allows for the increase in the Registered Nurses and care staff rostered hours to bring the service care minutes in line with the new regulatory care minute requirements.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff confirmed they had received training in these policies and were able to provide examples relevant to their work. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

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)