Performance

Report

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| Name: | Karlarra House |
| Commission ID: | 7297 |
| Address: | 200 Forrest Circle, SOUTH HEDLAND, Western Australia, 6722 |
| Activity type: | Site Audit |
| Activity date: | 14 August 2024 to 16 August 2024 |
| Performance report date: | 24 September 2024 |
| Service included in this assessment: | Provider: 696 Western Australian Government  Service: 6333 Karlarra House |

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 Karlarra House (**the service**) has been prepared by P. Wallner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* other information and intelligence held by the Commission.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff were kind, caring, and treated consumers with dignity and respect. Staff were observed treating consumers with dignity and respect and described how they respected consumers’ identity, culture, and preferences. Care planning documentation reflected consumers’ background, identity and culture. The service had policies and procedures which outline consumer rights to respect, choice, and dignity.

Consumers and representatives said staff recognised and respected consumers’ values and cultural background, and provided culturally safe care and services. Staff and management were aware of consumers’ identity and cultural backgrounds, and explained how they delivered culturally safe care and services. Staff confirmed they had undertaken training in respect and delivering culturally appropriate care.

Consumers and representatives said consumers were supported to make independent decisions about their care and services, communicate their decisions, and to maintain relationships of choice. Staff described how they supported consumers to make independent decisions about their care and maintain their chosen relationships. Care planning documentation identified consumers’ choices about their care, who was involved in their care, and their important relationships. Staff were observed supporting consumers’ choices.

Consumers and representatives confirmed the service supported consumers to take risks, to live the best life they could. Staff were aware of the consumers who took risks and supported their right to make choices involving risks, whilst informing them of risks. Management explained how they supported consumers to understand the potential benefits and harms of engaging in risks. Care planning documents included risk assessments and dignity of risk forms which detailed the risks taken by individual consumers and the mitigation strategies in place.

Consumers and representatives confirmed the service provided current, accurate and timely information about lifestyle activities, meals, meetings, and other events happening in the service. Staff described how they communicated information to consumers to ensure it was clear and easy to understand, including for those with sensory or cognitive deficits. Posters and flyers about upcoming activities were displayed throughout the service.

Consumers and representatives said the service respected consumers’ privacy and kept their personal information confidential. Staff described ways they respected consumers’ privacy such as by knocking before entering their rooms, discussing personal information in private, and logging off password protected computers containing personal information. The service had policies and procedures to guide staff practice in relation to consumer privacy and confidentiality.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives described a comprehensive assessment and care planning process, which considered risks to consumers health and well-being. Management and clinical staff detailed the assessment and care planning process, which used validated assessment tools and assessed risks to consumers’ health. Care planning documents showed the assessment and care planning process included assessment of risks and identification of management strategies. The service had clinical policies and procedures to guide assessment and care planning.

Consumers and representatives confirmed consumers’ current needs, goals, and preferences, and their advance care and end of life wishes were addressed, if they wished. Management described how they identified consumer’s current needs and preferences, and their advance care and end of life care plans, if it was appropriate. Care planning documents reflected consumers’ current needs, goals, and preferences, and their resuscitation directives. Most consumers had not put advance care, or end of life plans, in place for cultural and age-related reasons.

Consumers and representatives said staff regularly communicated with them and they could choose how much to be involved in the assessment and planning of care, and who else they wanted to involve. Management and clinical staff described partnering with consumers, representatives, and other health professionals in the assessment and planning of care and services. Care planning documents confirmed consumers, representatives, and external health professionals were involved in the assessment and planning of consumers’ care and services.

Consumers and representatives said the outcomes of health assessments were always communicated to them, and they were always offered a copy of the consumer’s care plan. Management and staff detailed the processes for documenting and communicating the outcomes of assessments to consumers and representatives, and confirmed they offered a copy of the care plan. Care planning documents showed outcomes of assessment and care planning were regularly communicated to consumers, representatives, and others involved in providing care.

Consumers and representatives said consumers’ care plans were reviewed regularly, and reviewed when circumstances changed, or incidents occurred. Management and staff explained the process for the regular reviews of care plans, and review when consumers’ circumstances or care needs changed. Care planning documents showed they were regularly reviewed for effectiveness, and updated when circumstances changed, or incidents impacted on the needs, goals, or preferences 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers received safe and effective personal and clinical care tailored to their needs, and which optimised their health and well-being. Care planning documents reflected safe and effective personal and clinical care, tailored to the specific needs and preferences of consumers. Staff and management described consumers' individual needs and preferences, and how these were delivered in line with their care plans. The service had policies and procedures available on the intranet to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives stated high-impact and high-prevalence risks to consumers were effectively managed. Management and staff described the high-impact and high-prevalence risks to consumers at the service, and the risk management strategies in place. Care planning documents showed risks to consumers had been identified, and effective mitigation strategies put in place. The service had effective policies and procedures to guide staff in managing high impact/high prevalent risks to consumers.

Consumers and representatives said they were aware consumers’ could put an advance care directive in place, and they expressed confidence the service would provide competent end of life care, in line with consumers’ needs and preferences. Management and staff explained how they provided dignified and comfortable end of life care, in collaboration with medical and palliative services. Care planning documents recorded consumers’ needs, goals, and preferences, and confirmed their comfort was maximised and dignity preserved during the end of life. The service had policies and procedures to guide palliative and end of life care.

Consumers and representatives said staff identified and responded quickly to a deterioration or change, in consumers’ condition. Management and staff described how they recognised deterioration or change in consumers’ condition and responded promptly. Care planning documents and observations confirmed consumers were monitored for a deterioration or change in condition. The service had training and policies to guide staff in the identification and management of deterioration.

Consumers and representatives said current information about consumers’ condition, needs and preferences was communicated effectively between staff, and they did not have to repeat their instructions. Staff described how current information about consumers’ condition, needs and preferences was communicated between staff and other care providers through daily handovers and by accessing the electronic care management system. Care planning documents contained adequate information to support the delivery of safe and effective personal and clinical care.

Consumers and representatives said the service arranges timely and appropriate referrals to other health services. Management and clinical staff described the process for referring consumers to other health professionals to meet their individual care and service needs. Care planning documents showed timely referrals to other individuals and organisations providing care and services.

Consumers and representatives expressed satisfaction with the infection prevention and control measures taken by the service. Management and staff described the training and measures in place to prevent and control infections and promote antimicrobial stewardship. Staff and consumers were vaccinated against influenza and COVID-19. The service had an infection prevention and control lead, an outbreak management plan, and policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the services and supports for daily living met consumers’ needs, goals, and preferences and optimised their independence and quality of life. Staff knew consumers’ lifestyle needs and preferences and described how they supported them to maximise their independence, well-being, and quality of life. Management explained they had not had a dedicated activities coordinator for some time however, they had continued to run activities on an ad hoc basis, and a new coordinator had just commenced. Care planning documents captured consumers’ life story, interests, and the supports needed to optimise their independence, quality of life, and well-being.

Consumers and representatives said there were services and supports in place to promote consumers’ emotional, spiritual, and psychological well-being. Staff explained how they supported consumer’s emotional, psychological, and spiritual well-being, such as by providing church services, spiritual and cultural support, and spending one-on-one time with them. Care planning documents detailed the supports needed for each consumer’s emotional, psychological, and spiritual well-being.

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

Consumers and representatives confirmed information about consumers’ condition, needs, and preferences was communicated effectively within the service, and staff understood their daily care needs. Staff described how they stayed informed about consumers’ current condition, needs, and preferences through daily handover meetings and by accessing care plans. Care planning documents confirmed current information was communicated effectively to support safe and effective care and services for daily living.

Consumers and representatives confirmed timely referrals to appropriate other individuals and organisations providing care and services. Management and staff described how consumers were consulted and referred to other individuals and organisations providing care and services, if needed. Care planning documents showed the service collaborated with external services such as local churches, pet therapists and aboriginal organisations, to support the diverse needs of consumers.

Overall, consumers and representatives expressed satisfaction with the quality, quantity and variety of the food offered, even though it was not cooked fresh on site due to the kitchen being renovated. Staff were aware of consumers’ dietary needs and preferences and said they could provide alternative meals or snacks at any time. Management described different ways consumer feedback was captured, and how it influenced the menu and the food offering. Care planning documents recorded consumers’ dietary needs and preferences. The dining experience was calm and unrushed, with consumers receiving assistance in a dignified and timely manner.

Consumers and representatives said the equipment provided was safe, suitable, clean, and they knew how to request repairs. Staff described the processes in place for keeping the equipment safe, clean, and well maintained. The equipment 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was open and welcoming, and they could personalise their rooms which created a sense of belonging. Management and staff described how they supported consumers to feel welcome and promoted a sense of belonging, independence, interaction, and function. The service environment was open, well-lit, and had adequate signage to aid navigation. Staff respected that the service was the consumers’ home, and said they enjoyed helping them to personalise their surroundings. Consumers and visitors were observed moving frequently between different areas of the service to socialise or participate in activities.

Consumers and representatives said the service environment was safe, clean, comfortable and well-maintained, and enabled them to move around freely, both indoors and outdoors. The main entry was secured, and all consumers had been assessed for environmental restraint and documented accordingly. Cleaning and maintenance staff described the systems in place for keeping the service safe, clean, and well maintained. The service environment was a comfortable temperature, and appeared to be safe, clean, and well-maintained, with consumers moving around freely, both indoors and outdoors.

Consumers and representatives confirmed the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the systems and processes in place for keeping the furniture, fittings, and equipment clean and well-maintained. The furniture, equipment and fittings appeared safe, clean, well maintained, and suitable for use.

# Standard 6

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

Findings

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

Consumers and representatives said they felt encouraged and supported to provide feedback and make complaints, through avenues such as talking to management/staff, or the aboriginal liaison officer. Management and staff outlined the ways they supported consumers and representatives to provide feedback and make complaints. Feedback forms, related information and a secure lodgement box were readily available to consumers. The service had policies and procedures to guide staff in managing feedback and complaints.

Consumers and representatives were aware of external avenues for making complaints and advocacy services such as the Commission. Management and staff described how they supported consumers to access external complaint, advocacy and interpreter services. Information regarding the Commission, advocacy, and interpreter services was displayed around the service and in the resident handbook.

Consumers and representatives said the service took effective and timely action to resolve their complaints, and to respond to incidents using open disclosure. Management and staff explained how they responded to complaints and used open disclosure. Documents such as the feedback and complaints register showed timely and appropriate actions were taken in response to complaints using open disclosure. The service had policies and procedures to guide staff in the management of complaints and the open disclosure process.

Consumers and representatives said feedback and complaints were used to improve the quality of care and services. Management said they reviewed feedback and complaints daily to ensure prompt responses and identify and capture potential improvements to care and services. The complaints register, meeting minutes and the plan of continuous improvement confirmed feedback and complaints were used to improve the quality of care and services.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed the service had sufficient staff to meet consumers’ care needs, and they received unrushed care in a timely manner. Staff said there were enough staff, and agency staff were used to fill any vacancies. Management explained how they planned and rostered the workforce to meet the care needs of consumers’ needs and had recently increased staffing numbers. The service demonstrated they met the requirements for care minutes and 24/7 registered nurse coverage. Management advised they were currently seeking tenders to upgrade the call bell system.

Consumers said the staff were kind, caring and respectful of their identity, culture, and diversity. Staff were familiar with each consumer’s identity and culture, and were observed interacting with them in a respectful and attentive manner. The service had documented policies, procedures and training to guide staff in respecting consumers’ identity, culture and diversity.

Consumers and representatives said staff were competent and skilled, and provided the care and services consumers needed. Staff demonstrated they had the knowledge and competence to provide the care and support consumers needed. Management described the recruitment and induction processes which ensured staff were competent and met the qualification, registration, and security requirements before they were employed. Staff records confirmed qualifications, professional registrations, vaccinations and security checks were current.

Consumers and representatives said staff had the appropriate skills, knowledge and training to deliver safe and quality care and services. Staff confirmed receiving initial and ongoing training and support they received. Management described the initial and ongoing training and support provided to staff, including plans to assign essential aged care training. The training register showed mandatory training was up to date.

Consumers reported being encouraged to provide feedback on the performance of staff. Management described how the performance of staff was monitored, assessed, and reviewed through performance reviews during probation, and then annually. Staff described the performance appraisal process and confirmed they received feedback from management throughout the year. The service had policies and procedures in place for the development and management of the performance of the workforce.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives described the service as well run and said they were involved in the design, delivery and evaluation of the care and services through a range of mechanisms including care reviews, feedback processes, meetings, surveys and audits. Management and staff described how they assisted consumers and representatives to be actively engaged in the development, delivery and evaluation of care and services. Documentation confirmed consumers and representatives were involved in the development, delivery and evaluation of the care and services.

Consumers and representatives said the service was safe, inclusive, and provided quality care and services. Management described how the Board promoted a culture of safe, inclusive, and quality care and services, and was accountable for the performance of the service and compliance with the Quality Standards. Management and staff described how data such as clinical indicators, quality initiatives, incidents and consumer feedback were reported and reviewed by the Board, who was accountable for the performance of the service and compliance with the Quality Standards. The Board had an appropriate membership and was responsible for overseeing the clinical governance framework.

The organisation demonstrated they had effective governance systems related to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Management and staff had access to the governance policies and confirmed they were implemented in practice. The Board actively ensured there were effective policies and processes in place to deliver care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and management and preventing incidents. Consumers and representatives said they were supported to take informed risks to live they best life they could. Management and staff explained how they implemented the policies in practice.

The service had an overarching clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restraint, and practising open disclosure. Management and staff described how they applied these policies in the delivery of care and services. Consumers and representatives said when things went wrong the service practiced open disclosure.

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)