Performance

Report

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| Name of service: | Lakes Entrance Care Community |
| Service address: | Uplands Drive LAKES ENTRANCE VIC 3909 |
| Commission ID: | 3562 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 14 December 2022 |

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 Lakes Entrance Care Community (**the service**) has been prepared by L Glass, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers are treated with dignity and respect by staff, with their individuality valued. Staff are knowledgeable about consumer’s culture, diversity and identity and support and provide care in a respectful manner. Consumer care plans identified consumers’ individual choices, their cultural preferences and the support required to ensure diversity is valued. The service provides policies and training modules for staff on diversity and inclusion.

Consumers feel safe and their culture is understood by staff. Staff demonstrated an understanding of consumers’ cultural preferences and interventions needed to support cultural choices. Consumer care plans provided detailed information on consumers’ backgrounds, life history and cultural preferences. The service has training and a policy on cultural safety to guide staff practice.

Consumers are supported to make choices about their care and who they choose to be involved in decision making. Consumers were able to freely voice their decisions to staff. Consumers maintain relationships and reconnect with old acquaintances and develop new friendships within the service.

Consumers are supported to take risks that enable them to live their life the way they choose. Consumers and their representatives described examples of the support provided to take risks of the consumer’s choice. Staff demonstrated they are aware of the risks taken by consumers and described the support a consumer requires to be able to take risks.

Staff and management keep consumers and their representatives informed and updated about changes via the service’s monthly newsletter, weekly activity calendars, meetings or memoranda. Staff provided examples of how information is provided to the consumers. Information was observed to be available to consumers to support their decision making.

The service protects consumer’s privacy, their documented personal information, and does not disclose personal information to other consumers. Staff confirmed consumers’ personal information is kept confidential, is not discussed in front of other consumers, and demonstrated that consumers’ personal information is password protected by the electronic care document system. The service has a robust policy for maintaining the privacy of supplied information about consumers, staff members and other stakeholders.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

# 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

Consumers and representatives are satisfied with the care and services received and staff are knowledgeable about the management of consumers’ assessed risks. For those consumers sampled care documentation demonstrated risk assessments were completed. Staff understood each consumer’s identified risks and the personalised strategies needed to support and enhance health and well-being. This included consumers who entered the service for respite care.

Consumers and their representatives confirmed staff are aware of and are able to provide care that is important to the consumer, including when the consumers’ needs, and preferences change. Assessment and care planning documentation reflected the consumers’ current needs. The assessed changes to consumers’ mobility and skin integrity were observed to be updated in assessment and care plans.

Care planning documentation reflected ongoing collaboration between the service and the consumers and their representatives, and where other health professionals are involved in care. Consumers and their representatives confirmed they are directly involved in assessments and decisions about care. Clinical staff were observed engaging with a representative about a meeting time.

When there is a change in the consumers’ health and condition the consumers and their representatives are satisfied with the open communication they experience within the service. Care documentation reflected consultation with consumers and representatives prior to referrals and interventions, and the outcomes. Staff demonstrated the approach to care consultations with consumers and representatives during care plan, medical and specialist consultations, and allied health provider reviews.

The service conducts assessment and care planning reviews aligned to the monthly schedule during the ‘Resident of the Day’ (ROD), then quarterly and annually. Care planning documentation reflected updated assessments and care planning when a change in condition or an incident occurs. Assessments are evaluated and reviewed by the registered nurses, including a review of completed charts and change in care and services. Clinical staff were sighted updating assessment information to reflect changed condition of care needs.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# 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

Consumers receive care and services that are safe and based on assessed needs and preferences. Care planning documentation reflected the consumers’ initial and ongoing assessments, including the monitoring and evaluation of pain and wound management and restrictive practices.

Management and clinical staff demonstrated consideration of pain when providing wound management and where clinical deterioration was identified. Staff were observed providing scheduled wound management and assessing for pain before implementing care and clinical procedures. Management identify consumers subject to environmental restraint and chemical restraint.

The service demonstrated effective management of high impact or high prevalence risks in relation to the management of pressure injuries, responsive behaviours and falls and consumers and/or representatives sampled were satisfied with risk management. Care planning documentation reflected timely assessment and review processes after the identification of pressure injuries, and when falls or reactive behaviour incidents had occurred. File reviews demonstrated ongoing assessment, monitoring and evaluation of the effectiveness of implemented strategies for all other high impact risks, such as the management of unexpected weight loss, diabetes, oxygen therapy, urinary catheter, colostomy and behaviour support. Staff demonstrated best practice in managing high impact or high prevalence risks, according to consumers’ assessed needs.

Initial and ongoing consultation with consumers and their representatives was demonstrated in relation to advance care directives (ACD). All consumer files viewed had either an ACD or a ‘Statement of Choices’ in place. Management and staff described processes for identification and the provision of palliative care and end-of-life care. Staff have resources and palliative care policies, including the guidelines for a palliative care pathway and external palliative care specialists.

Consumers and representatives were satisfied with the services’ early identification and appropriate management of deterioration or changes in consumers’ health conditions and function. Files reviewed evidenced timely identification, assessment, monitoring, and management of consumers’ general decline. Deterioration and management of a deteriorating consumer is recognised by staff. Increased monitoring and nursing care were observed for consumers who had experienced a fall, returned from hospital, and had changes in their health and well-being.

Consumers and representatives were satisfied with the service’s level of communication in relation to consultation about consumers’ current condition, and changes in care and services needs and preferences. The electronic care documentation system showed assessment, care planning and charting alerts that indicate matters are either ongoing or due to be completed. Staff and management described staff responsibilities for updating consumers’ care documentation in various formats.

Access to medical officers, specialists, public health services, and allied health is facilitated when required. File reviews showed appropriate and timely referrals according to each consumer’s assessed care needs. The referral process allows different health professionals to acknowledge the referral and attend to the consumers in a timely manner. Collaboration between clinical staff and medical officers, a physiotherapist, and specialists was observed when staff were sending new referrals.

Consumers were satisfied with the services’ strategies for the prevention, control and management of infections and outbreaks. Files reviewed showed monitoring of consumer’s acute respiratory symptoms in each shift and COVID-19 screening and testing upon return from social leave, external appointments, and hospital transfers. Staff demonstrated the knowledge and skills to prevent the transmission and management of infection. The service maintains up-to-date vaccination registers for all staff and consumers. The service demonstrated minimisation of antimicrobial use, adherence to therapeutic guidelines and confirmation of pathogen sensitivity through pathology testing. Infections and antimicrobials are recorded through the service’s incident and clinical indicators management system with reports produced monthly.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# 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

Consumers are supported to participate in activities of interest to them and staff provide support and assistance to ensure consumers’ preferred activities for daily living are provided. Lifestyle staff partner with the consumers and their representatives on entry to the service, to conduct a thorough lifestyle assessment identifying the consumer’s individual preferences for leisure, celebrations, spirituality and how to support the consumer in their traditions, culture and social needs. Assessments and care plans are reviewed regularly and updated when changes occur. Staff described what is important for the sampled consumers, what their individual preferences are, and this was reflected in consumer care planning documentation.

Consumers described how they are supported emotionally and spiritually by family, friends, staff and through church services. Consumers keep in contact with their families and friends who provide them with comfort and emotional support. Lifestyle staff said the consumers are supported through regular church services, connecting with people important to them, and one to one support through the service’s ‘meaningful mates’ program.

Consumers are supported to participate in their community within and outside of the service, keep in contact with people important to them and be involved in the things that interest them. Staff support consumers to participate in the community or engage in activities of interest to them and could describe the sampled consumers who choose to go to activities outside of the service. Care planning documentation reflected information provided by consumers and staff regarding their involvement in their community, maintaining personal and social relationships. Family and friends were observed visiting with the consumers.

Consumers were confident their information is communicated effectively and described staff knowing their preferences and needs. Lifestyle staff said the lifestyle care planning captures all aspects of the consumer’s life history and this provides information to plan activities and events. Evidence about consumers who are supported by external community organisations was captured in care planning documents with details of contact information and services provided.

Care planning documentation reviewed identified referrals to other organisations, services and allied health providers. Consumers are supported by other organisations, support services and providers of other care and services. Staff described other individuals, organisations and providers of other care and services and specific consumers who utilise these services.

The majority of consumers expressed satisfaction with the quality of the meals offered, with positive feedback on the variety of choices available. Some consumers in one area of the service, said the meals served in the dining room are often cool by the time they are served. The service demonstrated they strive to provide meals that are varied, of suitable quality and quantity to each consumer.

Consumers feel safe with the supplied ambulatory aids, personal care aids, sensor equipment used to alert staff, and equipment required for pressure relief. Staff said equipment is accessible and is required to be cleaned after each use. Management provided feedback on equipment availability and the schedules in place for regular maintenance and checks, to ensure equipment is safe to use, with equipment being decommissioned when it is no longer fit for purpose.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# 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

The service is welcoming and supports consumer independence and function. Staff described aspects of the service environment that makes consumers feel welcome and encourages interaction with other co-consumers and staff. The way finding signage and design features needed review to ensure clear directions and visual prompts about changes in the internal environment. Management advised the organisation’s design team was booked to come and assess the service in relation to improving way finding, to review the colour scheme to differentiate between the current features such as the same-coloured walls and handrails in some areas of the service.

All consumers and their representatives described the service as comfortable, safe and clean. Consumers moved freely both indoors and outdoors to the secure garden and courtyard areas. Cleaning staff described the cleaning schedule which includes weekly detailed cleaning of each consumer’s room and a daily general clean and restocking of supplies in each consumer’s room, and the communal areas. Maintenance staff described the preventative maintenance schedule and explained how external contractors are managed, and the process for reactive maintenance and organising repairs for equipment and the building.

The service demonstrated furniture, fittings and equipment are safe, clean and fit for purpose. The service has schedules in place to ensure cleaning, safety checks and maintenance is conducted on equipment used for consumer care. Consumers said the equipment they used was suitable for their needs.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

# 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

Consumers and representatives feel comfortable providing feedback and making complaints. Management and staff described actions they would take in response to a concern raised by a consumer. Information regarding how to make a complaint and mechanisms to do so are available at several locations around the service. The information displayed is reflected in multiple languages. Documentation, including newsletters, meeting minutes and feedback information management systems, demonstrated the service encourages and actions feedback effectively and in a timely manner.

The service has advocacy and language service information available on the reception area noticeboard. Consumers sampled indicated they did not require language services to assist them with raising complaints or providing feedback, and most consumers were aware of how to access external advocacy services. Staff provide information on advocacy and complaints services to consumers.

Consumers and representatives expressed satisfaction about the process used by the service to resolve issues. Documentation demonstrated the service actions complaints in a timely manner, including implementing improvements identified via the complaints and feedback system. A review of complaints and various incident reports demonstrated appropriate action was taken, and that an open disclosure process was applied when things went wrong. Management and staff described using open disclosure principles in handling complaints, including working collaboratively with consumers and representatives, and apologising.

Consumers and representatives who had raised concerns about care and services were satisfied that their issues had been addressed effectively. Management discussed how feedback and complaints result in improvements being implemented and provided recent examples of this occurring. Documentation reviewed demonstrated feedback and complaints are captured in the service’s plan of continuous improvement and include actions taken to review and improve services.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

# 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

The service effectively demonstrated how it plans the number and mix of staff to enable the delivery of safe and quality care and services to consumers. The service uses permanent and agency staff on term contracts to fill registered and enrolled nursing positions, and certificate trained and student nurses to fill care staff positions. While challenges in recruiting a full complement of staff were acknowledged both staff and consumers interviewed said that the staffing issue has not adversely impacted the delivery of consumer care and services.

Consumers provided positive feedback about staff being kind and caring and having an awareness of what is important to each consumer. Staff were observed engaging with consumers and representatives in a kind and respectful manner. Care documentation included consumers’ preferred name, title and reflected the individual’s culture and interests.

Consumers and their representatives said staff have adequate knowledge and skills to meet clinical and care needs and provided positive feedback about the skills and knowledge of staff, including for service domains such as catering, cleaning and laundry roles. Staff undergo a recruitment screening processes to ensure they are appropriately qualified to perform their role, and nursing and allied health registrations are monitored annually. Position descriptions are used to identify required qualifications, skills and knowledge for each role at the service, and documentation reviewed demonstrated that staff have qualifications commensurate with their roles. A review of the service’s training records confirmed the completion of required staff training and competencies in accordance with the service’s expectations and the industry’s regulatory obligations.

Consumers and their representatives indicated staff who are recruited by the organisation are provided with adequate training to ensure the safe provision of care and services. Training attendance records confirmed staff completion of training, including training in regulatory changes such as the Serious Incident Response Scheme (SIRS), restrictive practices, infection control and specialised care topics.

The service has a process to undertake annual staff performance appraisals and ongoing compulsory training and assessments are conducted to ensure the competency of staff. The service has policies and procedures to guide management and staff in performance management and disciplinary procedures. A staff code of conduct is in place.

# 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

The service demonstrated that it supports consumers to actively participate in the development, delivery and evaluation of care and services. Consumers and representatives contribute at a corporate level through participation in resident meetings. Meeting minutes demonstrate that consumers and representatives are involved in, and actively contribute ideas towards service improvements, including variations to the menu, which are based on individual and cultural preferences.

The organisation has overarching policies and procedures which promote a positive culture of safe, inclusive care and quality services, and the service is accountable for their delivery.

Organisational supports are provided through board, committee and sub-committee structures which provide a hierarchy of oversight, adherence to accountability at an organisational and service level, and generally, the continuous monitoring of care and services through the review of key performance indicators, incidents, and consumer feedback and complaints. The service conducts regular audits in various areas of care and service delivery to identify and analyse trends. Deficiencies identified in the regular audit process are reviewed at both service and organisational levels and inform the service’s plan of continuous improvement for action and reported to the board for consideration of any required changes to policies and procedures.

The service demonstrated that it has effective governance systems in relation to information management, continuous improvement, financial accountability, regulatory compliance and feedback and complaints. The organisation’s board has established processes in place to satisfy itself that systems for appropriate care and services operate in accordance with the Aged Care Quality Standards.

The service has risk management systems in place which are supported by a clinical governance framework, policies and procedures and reporting mechanisms. Management and staff interviews described the processes followed, provided examples of risks identified and investigated and the training provided to ensure risks to consumers are minimised. Documentation, including incident data and training records were reviewed and reflected the risk management undertaken.

The organisation’s clinical governance committee oversees and reviews the service’s use of antimicrobial medication, with a view to minimising antimicrobial usage when possible. The service has current guidance documentation for practicing antimicrobial stewardship. The service minimises the use of restraint and practices align with legislative requirements. The service engages in open disclosure when something goes wrong and documentation reflects the open disclosure process is utilised.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

1. The preparation of the performance report is in accordance with section 40A the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)