**Performance**

**Report**

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| Name: | Linked to Life Home Services |
| Commission ID: | 201518 |
| Address: | 220 Pacific Highway Street, COFFS HARBOUR, New South Wales, 2450 |
| Activity type: | Quality Audit |
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| Performance report date: | 27 February 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 10216 Linked to Life Incorporated  
Service: 28164 Linked to Life Incorporated T/A Linked to Life

**This performance report**

This performance report for Linked to Life Home Services (**the service**) has been prepared by Dean Saunders, 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 Quality 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 for Home Care Packages (HCP)

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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 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 | | HCP |
| 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 said they are being treated with dignity and respect by the staff and their identity, culture and diversity is known by staff and valued. Consumers said the service took the time to know their background and culture and how this has shaped their preferences. Staff spoke respectfully about the consumers and knew about the consumers culture and background, and how this shapes their identity. Management could provide examples of how consumer’s rights and dignity is respected in their assessment approach. Documentation reviewed evidenced the service has a consumer-centred approach to delivering services.

Consumers said staff understand their culture and how it can impact their care and services. Management said the service received a grant as part of their Commonwealth Home Support Program (CHSP) funding to provide care and services to the local Punjabi population within the community. The service has materials written in Punjabi and staff who are native Punjabi speakers to deliver the care and services require. All staff have received training in culturally safety. Care planning documentation demonstrated the service has an understanding of the diverse needs of their consumers and is able to deliver care in a culturally safe way.

Consumers said they are informed of the services available to them, are supported to make their own decisions about the services they receive, and the service supports them to be as independent as possible and to include those they want involved with their care. Consumers said they can speak with staff and/or management at any time to make requests or changes to their services and these are acted on promptly. Management and staff described how consumers are supported to make informed decisions and described how services are provided in accordance with the consumers’ preferences. They demonstrated awareness and understanding of individual consumer’s communication needs, choices and preferences.

Consumers said they feel supported to continue to live the life they choose. Management said all consumers have a risk assessment completed at their initial assessment and then at reassessments as needed. Management said they discuss any potential risks with the consumer and there are dignity of risk forms to be completed if they are needed. Management said they will also consider risks to all consumers with their practices and adjust as needed to reduce risk.

Consumers said they receive information in a way they can understand, in a format appropriate to their needs, and which enables them to make informed choices. This includes information to understand aged care services and practical support to access the services they need. Management and staff demonstrated how they assist consumers with communication difficulties.

Consumers said they are informed on how their personal information will be used and this is also outlined in the home care agreement. Consumer information is stored in a secure electronic database. Access to electronic information is limited by role and is password protected. Policy and procedures reviewed demonstrated privacy and confidentially is important to the service. Consumers said care staff are respectful of their personal privacy. Staff were able to describe how they maintain privacy and confidentiality of consumer information.

I find this standard compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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 said care is planned to meet consumers’ care needs and preferences, with strategies to manage risk to consumers’ health and wellbeing. Consumer care documentation demonstrates staff assess risk to consumers’ health and well-being and plan consumer care to manage risk. The service has risk assessment tools and policies to guide staff in assessment and planning for consumers’ care and services. The Service uses an electronic care management system (ECMS) that is available on staff mobile devices to have live access to consumer information.

# Consumers said their current needs, goals, and preferences, are assessed and planned for, including end of life (EOL) care if they wished. The service’s staff discuss with consumers/representatives EOL preferences on entry to the service contract, during case conferences and planned meetings if consumers move through palliative care phases.

# Consumers said they have discussions with the service when changes to consumer care and services are required. Consumers said that they are involved in the assessment and planning when the consumer first enters the service contract, when circumstances change and annually. The Assessment Team reviewed care plan documentation which evidenced other organisations and providers of care and services were involved in the care of consumers. Management said assessment and planning is based on ongoing partnership with the consumer and others involved in the consumers’ care.

# Consumers said staff discuss with them their care needs and preferences. Staff said they have access to care plans and other information through the electronic ECMS, with access via mobile devices. Review of consumer files demonstrate documentation of the outcomes of assessment and care planning. The Assessment Team reviewed care planning documentation and relevant information readily available to staff delivering care. Consumers have a hard copy of their care plan and can request an electronic copy.

# Review of care documentation confirms care and services are reviewed when consumers’ circumstances change, or incidents occur. The service reviews care and assessments on an annual basis from the date of commencement, with ad hoc reviews occurring if there are any changes in consumers’ health, choice or incidents occur. Review of care planning documentation confirms care plans are reviewed on a regular basis. The service monitors clinical needs using and agency Registered Nurse (RN) that is contracted to cover clinical needs as they arise.

# I find this standard compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 said care is safe and considers the individual consumer’s needs, goals and personal preferences. Consumers are assessed by the RN and if they identify as needing clinical care The service has policies and procedures in place to support the delivery of care

provided. Review of relevant documentation confirms consumers’ medication is reviewed by the RN when needed, with appropriate authorisation documentation in place to allow the care staff to assist with consumer medication. There are currently no consumers with complex care needs however all documentation process and policies are in place if, and when needed. The service care staff conducts skin integrity checks during personal care and promptly notifies the appropriate management team of their concerns.

All consumers were satisfied that risks are effectively managed. For consumers sampled, key risks that were risk assessed and documented in the ECMS that included life choices, decisions about consumer’s living situation, mobility changes and possible complex nursing needs. Care planning documentation identified that effective strategies were in place to manage identified risks and were recorded in care plans and progress notes. The service demonstrated that risks for each consumer, including life choices and mobility preferences, are effectively managed. Analysis and investigation are conducted by the care management team for all incidents to identify the contributing factors so that appropriate interventions/actions can be implemented to prevent recurrence however there have been no clinical or high-risk incidents involving consumers in the 18 months of operation. Care plans include detailed instructions for staff that reflect recommendations or directives from the dietitian, physiotherapist, occupational therapist, medical officer and RN and where applicable. Staff could articulate how they assist consumers with care and support to meet consumers’ needs under the guidance of the external clinical teams.

The service recognises and documents the needs, goals and preferences of consumers who are nearing the end of their life. Members of the workforce advised that the service includes advance care directives and palliative care plans. A review of care documentation reflects that an advance health directive is in place for those consumers who choose to have one in place, and palliative care plans are in place where appropriate. The service has support from the Coffs Harbour Hospital palliative care, and a local volunteer palliative care team supports the service as required.

Consumers said that the staff know them well and would pick up a change in their condition, would listen and act on any concerns they have about their health, and would respond with appropriate actions and care when needed. The service has policies, procedures, and clinical protocols to guide staff in the management of deterioration, and care planning documentation includes consumer preferences, advance health plans, and baseline observations. These guide the staff response to deterioration for each consumer.

The service uses an ECMS to store and manage consumer data such as personal, preferred care, medical and clinical information, care plans and support plans, advance care plans and other relevant information, including consumers’ current condition and circumstances, goals, needs and preferences. Consumers say their personal or clinical care is consistent, they don’t have to repeat their story or their preferences to multiple people, and care information is shared with their consent where care is provided by others. Documents reflect how the organisation asks for consent to release or share information using methods suitable for each consumer and in accordance with privacy legislation. There is evidence that relevant members of the workforce, including external providers, have appropriate access to consumer records where needed.

Consumers said they are satisfied with the care and services delivered by external services involved in their care. Staff could describe the process for referrals, which are completed in consultation with the consumer/representative. The management team provided examples of how allied health professionals are engaged in response to changes in consumer needs. Care planning documents demonstrate referrals to allied health professionals and other service providers occurs when appropriate and in a timely manner.

Consumers said they are satisfied the service implements strategies to minimise infections to consumers. Staff provided examples of practices to prevent and control infections such as hand hygiene, the use of personal protective equipment (PPE), and COVID-19 testing. The service has documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control, and the management of infectious outbreaks.

I find this standard compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 said they are supported to engage in activities of interest to them, and are provided with relevant supports, such as equipment and resources, to promote their well-being, independence, and quality of life. Staff interviewed articulated good understanding of what is important to individual consumers and could describe how they help the consumer to do as much as they can for themselves, if this is their preference.

Consumers said the service provided emotional, spiritual and psychological support when needed. Staff described the processes for providing emotional, spiritual and psychological support to consumers. Lifestyle volunteers provide one-on-one activities with consumers, including conversation, board games, grocery trips and walking. Consumers said the volunteers are great to just have around and chat to when unable to socialise.

Consumers said consumers are supported to take part in community activities outside of their homes including to go shopping and to meet friends at social gatherings. Staff could describe those consumers who have developed a friendship and relationships of importance to individual consumers. Care planning documentation identified the people important to individual consumers, and those people involved in providing care and of interest to the consumer.

Consumers interviewed said services and supports are consistent and the staff know their individual preferences and other organisations that may be involved in their care and services. Staff, explained how they are updated on the changing condition, needs and preferences of consumers as they relate to services and supports for daily living, including through handover notes and in the service’s information database.

The service demonstrated timely and appropriate referrals to other individuals, organisations or providers and how they collaborate to meet the needs of consumers. Consumers’ daily living needs are assessed to inform their care and service plans. Policies and training guide management and staff. Staff understand these policies and how to support consumers to participate in the community and have relationships and interests.

While the service does not provide meals, it supports consumers to organise meals. Consumers are satisfied with the support provided. Policies are available to guide management and staff and relevant training is provided.

While the service does not provide equipment, it supports consumers to organise suitable equipment. Consumers and staff said the equipment that is purchased and used in the consumer environment is safe and they know how to report any concerns or issues. The service has processes for purchasing, servicing and replacing equipment that is needed for the individual consumer.

I find this standard compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| 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 said they feel supported to provide feedback and make complaints when needed. Consumers said they are encouraged to talk with staff and management whenever they have a concern, and these concerns are listened to and dealt with promptly. Most consumers said they had not yet had a reason to make a complaint about the service, however they would feel comfortable in doing so. Management said they provide all consumers with information about how to provide feedback or make a complaint and the service undertakes a written survey once a year asking consumers to provide any feedback, suggestions or complaints at that time also.

Consumers are provided with information on commencement with the service including how to access advocacy services, the consumer’s right to contact the Aged Care Quality and Safety Commission (the Commission) to make a complaint, as well as information on how to access language services for assistance with interpreting or translation. Consumers said they are comfortable in raising concerns or feedback with management but were also aware of other methods they can use to raise these concerns.

Management was able to discuss the use of open disclosure and how they use this when dealing with complaints. Management said there will be training for care staff on open disclosure this year to ensure all staff have a better understanding of this. Consumers said their complaints are listened to, acted on promptly and they receive an apology. The service has policies and procedures in place to assist staff with responding to complaints and these are included in the staff handbook which every staff member receives at orientation.

Consumers who provided feedback to the service said that the service made efforts, or have been able to make changes, to improve care and services, after receiving feedback. The board of directors (the board) said they review the feedback, complaints and compliments register regularly and discuss this monthly at their board meetings. Interviews with board members demonstrated familiarity with complaints from the last 3 months and how they use these to find trends or areas for improvement for the service.

I find this standard compliant.

# Standard 7

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| Human resources | | HCP |
| 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

Consumers said they were happy with the staff, they arrive on time, or will advise them if they are running late and staff are not rushed when providing cares, making them feel safe in the care and services being delivered. Management said they look at staff capacity and qualifications before agreeing to accept new consumers to ensure they are able to provide appropriate, safe and quality care. Staff said they are able to ask for additional time to complete tasks if needed so they can deliver the right cares.

Consumers said all staff treat them with kindness and respect and are caring in their interactions. Staff could demonstrate they are aware of consumer’s individual identity, preferences and cultural requirements. Management and staff were respectful and caring in how they spoke about consumers and demonstrated an understanding of individual consumers identity, culture and diversity.

Consumers said they feel the care staff are competent in providing care and services. Management said the service will work with all care staff, including their volunteers to ensure they are competent to perform their role. Management said care staff for consumers on a Home Care Package (HCP) are qualified staff and they use volunteers to assist with social support under CHSP. All staff and volunteers have their mandatory checks undertaken and receive a thorough orientation including buddy shifts to ensure they are competent prior to working independently with consumers.

Consumers said they are confidence in the workforce’s ability to deliver care and services as staff are well trained. Care staff and volunteers said they receive training that provides them with the knowledge required to perform their roles. Management described the processes used to train, equip and support the workforce. Training records indicate most staff have completed training that supports them to deliver the outcomes required by the Standards.

The service demonstrated they are recording feedback about their staff and volunteers in their electronic files, as well as discuss this feedback with staff. Management provided the Assessment Team with their corporate calendar which demonstrated they have time scheduled to undertake performance reviews over the coming months. Care staff said they receive feedback from management, and they are comfortable requesting additional training and management are responsive to their requests.

I find this standard compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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 consumers/representatives are engaged in the development, delivery and evaluation of care and services. Consumers confirmed the service seeks their input into the care and services they receive, including through surveys and speaking to staff and management. Consumers expressed satisfaction with the quality of the service and said they have input as to how the service is delivered to meet their diverse needs. The service completes an annual survey, they discuss any concerns with the consumers at reviews and has a consumer advisory committee.

Management and the board described the organisational structure and how it promotes a culture of safe, inclusive and quality care. A review of the service’s clinical governance framework and board meeting minutes indicate the organisation’s governing body promotes, and is accountable for, the delivery of safe, inclusive and quality care and services.

The service has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

Information management: The service maintains an ECMS which provides staff access to consumer care planning documentation; policies and procedures are available to staff in an electronic format; and staff receive training in policies and procedures via electronic and face-to-face training. The service’s ECMS is also available via a mobile phone application, which allows information to be available at the point of care and notes to be added to the consumers file if needed also. The service has a suite of policies and procedures to guide staff in the management of information.

Continuous improvement: Management and the board advised continuous improvement initiatives are drawn from a variety of sources, including consumer/representative feedback and complaints mechanisms, regular analysis of incident data and staff meetings. The Assessment Team reviewed the service’s Plan for Continuous Improvement (PCI) which identifies planned and completed improvement actions in relation to various areas of care and service delivery.

Financial governance: Home Care Package budgets and ongoing balances are monitored and managed in partnership with each consumer, including the accumulation of unspent funds or the depletion of funds available to provide ongoing care and services. Monthly statements include income and expenditure, including an itemised list of the care and service provided, and ongoing balance. Financial governance systems and processes are in place to manage the finances and resources that the service needs to deliver care and services. Unspent funds and financial matters are monitored and reported monthly to the board, including the plan for how to manage and spend funds were applicable.

Workforce governance: Management plans the workforce to ensure there are sufficient staff to provide services and to support operational and administrative functions. Position descriptions are relevant to role. Staff were clear on their responsibilities, showed an awareness of the functions carried out by others and how to share information and/or escalate any concerns or suggestions for improvement.

Regulatory compliance: The service has systems to ensure it complies with the regulations it is required to meet as an approved provider of aged care services. These systems are designed to identify relevant regulatory requirements and to incorporate these requirements into the service’s policies, procedures and practices. Staff are informed about relevant regulatory requirements through training and meetings as they change.

Feedback and complaints: The organisation has an established system for logging, escalating, and tracking feedback and complaints. The board reviews all complaints at their monthly meetings and said they will discuss trends as they emerge and add to the PCI as needed.

The service has developed effective risk management systems and associated practices. These systems identify and manage high-prevalence and high-impact risks, including abuse and neglect. The service has an incident management system. The service has developed Clinical Governance framework to monitor clinical indicators and incidents, however at this time there is no consumers with ongoing or chronic medical conditions which require continuing analysed to identify risks and risk mitigation strategies.

The service has a clinical governance framework and associated policies and processes to guide the delivery of clinical care. The service has policies on anti-microbial stewardship, and this is practised. There are policies and procedures for minimising the use of restraints and open disclosure.

I find this standard compliant.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)