**Performance**

**Report**

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| Name: | Newcastle and Hunter Community Health |
| Commission ID: | 201445 |
| Address: | Unit 3, 5-7 Channel Road, MAYFIELD WEST, New South Wales, 2304 |
| Activity type: | Quality Audit |
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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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9504 Newcastle and Hunter Community Health Pty Ltd  
Service: 27328 Home care packages

**This performance report**

This performance report has been prepared by Gill Jones, 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 services it operates, 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 service outlets, 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 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# 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

The service demonstrated treating consumers with dignity and respect with their individual identities, culture and diversity valued. All consumers interviewed said staff respect them and their home and ensure their dignity is maintained during service delivery. Consumers advised staff and management are aware of their cultural background and their personal circumstances. Management described policies and procedures, mandatory training, staff recognition programme and a commitment to ongoing education for all staff to ensure the service is treating consumers with dignity and respect.

The service demonstrated delivering care and services in a culturally safe manner. The consumers interviewed advised they have no cultural preferences even though they are from culturally and linguistically diverse (CALD) backgrounds. Staff and management were able to describe how they would provide culturally safe care and services to CALD consumers.

The service demonstrated consumers are supported to exercise choice and independence. Consumers said they are informed about the care and service options available to them, noting they are encouraged to make their own decisions about the services they receive and who they want involved in their care. Consumers said the service makes it easy for them to be involved and encourages them to engage with people who are important to them. Staff and management advised care and services are delivered in accordance with consumers needs and preferences.

The service demonstrated supporting consumers to take risks to enable them to live the best life they can. Consumers advised that staff actively listen to them, understand their priorities and respect the choices they make. Staff described risk identification, risk assessment and monitoring, reporting and escalation processes in place and how they would respond to a hazard, incident, or potential risk. Staff and management described the importance of discussing potential risks with consumers, supporting them to make informed choices when deciding how to manage those risks. Relevant policies and procedures to provide staff guidance were sighted by the Assessment Team.

The service demonstrated they maintain communication and provide accurate and timely information to all consumers and those responsible for their care. Consumers advised they receive information in formats that are clear and easy to understand, enabling them to be actively involved and make informed choices. Consumers said the case manager is in contact on a regular basis and will provide relevant information and answer any questions they may have.

The service demonstrated they have systems in place to ensure privacy is maintained when sharing information with those involved in a consumer's care. The Assessment Team observed consumer records are secured appropriately with password protected access to electronic files and locked filing cabinets containing consumers paper files accessed by certain management. Consumers said they are satisfied with their care and services and confirmed their care and services is provided in a way that respects their privacy. They said staff respect their personal space and privacy when they are with family, friends, or partners.

I find Standard 1 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

The service was able to demonstrate that assessment and planning considers risks to the consumer and informs safe delivery of care. At the commencement of Home Care Package (HCP) services, a thorough assessment of the consumer care needs is completed, using their initial assessment in accordance with the service’s home care assessment and planning policy. Care plans reviewed included detailed risk assessments and strategies to mitigate potential health and well-being risks, and is conducted by a Registered Nurse (RN). This ensures that all staff have a knowledge of the client and individual risks before providing services. Staff confirmed that this assists them to have a greater understanding of the consumer and their risks and enables them to provide safe care.

The service was able to demonstrate that assessment and planning meets current needs, goals and preferences of the consumer. The initial assessment captures information about the needs of the consumers, and ongoing communication with staff, office manager, and the case managers, ensures that individual consumer preferences are kept up to date. Advanced care planning is addressed at the initial assessment visit and when care plans are reviewed. Consumers are provided with information on advanced care planning if they do not yet have a plan in place. While end of life care is available, it is not provided on a regular basis. Staff were able to confirm that consumer needs, goals and preferences inform the services they receive.

The service was able to demonstrate that assessment and planning is performed in partnership with the consumer and those they wish to be involved in their care. Care includes brokered services, private services and other organisations who provide services to meet the needs of the consumer.

The service was able to demonstrate that outcomes of assessment and planning are communicated to the consumer at the time of assessment and available in the care plan. Consumers are offered a physical copy of their care plan following initial assessment and on review, within five days.

The service was able to demonstrate that care and services are reviewed regularly for effectiveness and when circumstances change. Care is reviewed at least every six months and also when circumstances change, including incidents. Staff and consumers were all able to describe how they communicate with the care manager when changes occur impacting the needs of the consumer.

I find Standard 2 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

The service was able to demonstrate that consumers receive safe and effective personal care that is best practice, tailored to their needs and optimises their health and well-being. Best practice is embedded into policies and procedures and when changes to legislation and information is received, the policies and procedures are updated. Care services are tailored to the needs of the consumer and optimise their health and well-being.

The service was able to demonstrate that high prevalence risks associated with the care of the consumers is effectively managed. The service has a high impact and high prevalence policy which is aligned with safety and quality aspects of their clinical governance framework. This policy highlights all potential high impact or high prevalence risks that can be encountered with aged care, with staff able to describe current high risk, and high prevalence risks with their consumers. Risks such as deterioration, dementia related behaviours, falls and skin tears are managed effectively by the service. Risks are identified within the care plan with mitigating strategies outlined for each risk. All consumers with behaviours related to dementia and mental health conditions have a behaviour support plan to address their needs.

While the service does not currently or regularly manage consumers end of life care needs, the service communicates with the consumers and their representatives around their needs, goals and preferences regarding end of life care. The service has policies and procedures around care planning, and recently engaged with training in relation to loss and grief, and advanced care planning. The service policies and procedures promote discussion about end of life goals and preferences upon commencement of services. Advanced care directives and plans are discussed, and information is provided to the consumer and their representatives if they do not have a current plan in place. Depending on the needs of the consumer, discussions involve options for care such as palliative care and residential care where higher care needs are supported.

The service was able to demonstrate that deterioration of consumer’s health and condition is recognised and responded to in a timely manner. Changes observed by support workers and the consumer’s family are documented in care planning documentation, and escalated to the office manager and case managers. Management and staff monitor consumers along with external providers and case managers regular monitor all progress notes.

The service was able to demonstrate that information about the consumers condition, needs and preferences is documented and shared within the organisation where responsibility is shared. The service utilises an electronic clinical management system (ECMS) which includes information about the consumer including contacts, care plan and risk information including allergies, falls risk etc. Staff have access to specific details of the service to ensure the needs and preference of the consumer can be met. Staff report that they have clear direction on the tasks that they are to complete at each visit. Clinical staff share discuss consumer’s clinical needs and strategies to manage on a daily basis.

The service was able to demonstrate that referrals to other services are made in a timely manner. Examples of these include medical specialists, psychologists, geriatricians, dementia services and occupational therapists. The case managers were able to explain the process of communicating with the consumer and staff that lead to referrals to meet the consumer needs. When assessment or changes are detected that prompt referral, the case managers will contact the family or their GP for an appropriate referral.

The service was able to demonstrate the minimisation of infection related risks to prevent and control infection. The service has policies and procedure for infection control and to minimise the spread of infections, including COVID-19. Staff were able to describe how they implement strategies to prevent the spread of infection, including screening for COVID-19, recognising signs and symptoms and escalation to the office manager, and registered nurses when screening is positive. While mask wearing is no longer mandatory, staff will wear masks at the consumer's request.

I find Standard 3 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. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Documentation review confirmed consumers are supported for daily living according to their needs and preferences. Care planning details interests of each consumer and elements they enjoy within the local community. Support workers were able to describe how they take consumers shopping and provide social outings to support wellbeing and quality of life. Consumers and representatives confirmed this on interview.

The service was able to demonstrate consumers are emotionally and spiritually supported and the psychological wellbeing of consumers is ensured. Care planning details consumers preferred methods of support for their emotional and spiritual needs. Staff were able to describe ways that consumers display their mood, and what they look for when interacting with them, to guide their discussion.

Staff interviewed, said they assist consumers to do whatever interests them and have a lot of communication with the families of the consumers. Management has a survey they conduct annually, for consumers to contribute to, and regularly case managers will ring their consumers for feedback. Staff are aware of their duties to be conducted each visit, however each shift, staff will ask consumers if there were anything they would like to do.

Information about the consumers condition needs and preferences are communicated within the organisation. Consumers have input into their care and assessment planning based on their acuity and assessed level of home care package, however any changes or requests from the consumer and their family can prompt a care plan review.

Timely and appropriate referrals are made to other organisations as indicated. Staff will write progress notes following every shift, and communicate any changes immediately with the office manager after each shift. This ensures timely and immediate communication in relation to consumers’ needs and preferences.

Support workers ensure equipment for consumers is safe clean and well maintained. As part of the risk assessments conducted by the service on commencement of the home care package, all equipment is assessed for suitability and referral to an OT is considered depending on equipment or modifications required.

I find Standard 4 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

The service demonstrated effective mechanisms are in place to encourage and support complaints and feedback. Consumers interviewed all provided positive feedback regarding the service. Consumers said whilst they had not yet found a reason to make a complaint, they expressed comfort in doing so directly with staff or management. Staff advised of complaints training completed at induction and how the service encourages consumers to provide feedback and make complaints. Management spoke of how complaints and feedback are valued and welcomed.

The service demonstrated appropriate action is taken to ensure consumers and representatives are aware of and have access to advocacy, interpreting services and other methods for raising and resolving complaints. Staff described how they can assist consumers or their representatives to access these services. Management advised at the commencement of services consumers and representatives are provided with a client handbook that provides the relevant information.

The service demonstrated they take appropriate action in response to complaints, including using an open disclosure approach when things go wrong. Consumers expressed confidence that their complaint would be dealt with fairly and in a timely manner. Management advised the service to try to resolve feedback and complaints immediately upon receipt. Any feedback not able to be resolved ‘on the spot’ is handled by management until it is resolved. Staff advised receiving training in complaints and open disclosure.

The service demonstrated reviewing feedback and complaints to improve the quality of care and services. The service maintains feedback and complaints registers. Actions taken and outcomes are documented in the complaints and incident management systems. Staff described being informed of feedback and complaints at meetings. Staff said they are encouraged to contribute feedback or ideas to improve the quality of care and services. Management advised the register is used to analyse feedback data and provide information to the governing board and committees to inform continuous improvement. A consumer provided example of improvements made to services after a complaint.

I find Standard 6 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

The service demonstrated workforce planning that enables the delivery and management of safe and quality care and services through governing human resources (HR) recruitment policies and procedures. Policies and procedures provide a framework to plan, attract, develop, and retain staff with different skill sets to deliver care and services. The rostering system enables the service to plan the workforce to meet consumer’s needs. Staff described how they advise management of their availabilities or planned leave as soon as possible.

The service demonstrated that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and representatives stated they are treated with dignity and respect and could not report any instances of staff being disrespectful. Staff described what they would do if they observed disrespect towards a consumer and how to report any concerns to management. Staff and management were observed by the Assessment Team to be respectful and caring when talking about consumers. Consumers also said their diversity is always respected.

The service demonstrated maintaining a competent workforce that have the qualifications and knowledge required to deliver care and services. All consumers interviewed expressed confidence in the support workers and clinical care staff’s ability to perform their roles. Staff described the buddy shifts that must be completed as part of their induction. Management described the prerequisites of the support workers and clinical care staff that are required for the role and the education calendar created to build and refresh workforces’ knowledge.

The service demonstrated having a workforce that is supported to deliver the outcomes required by these standards. Consumers advised positive experiences with the different support workers who attend their homes. Staff described the recruitment and induction process. Management spoke of the training and support provided to staff upon commencement of employment. Documentation showed staff receive ongoing support through training, professional development and supervision. Staff folders included qualifications and prior experience demonstrating the service considers these attributes when recruiting new staff.

The service demonstrated regular assessment, monitoring, and reviewing of individual staff performance. Governing policies and procedures outline the responsibilities of the employer and employees in the performance review process. Performance appraisals are completed with the human resources (HR) manager. The Assessment Team sighted the performance appraisal documents that provided a performance appraisal guide to support staff and management to prepare for the appraisal and make it a meaningful experience. Staff advised they receive a letter two weeks in advance that provides a structure for the meeting and what to expect to help them prepare and reflect.

I find Standard 7 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 engaging consumers and representatives in the development, delivery and evaluation of care and services. Consumers confirmed the organisation supports them to provide feedback and expressed confidence in doing so. Staff and consumers were able to provide examples of times they have provided feedback, and the organisation has implemented changes. Management advised and consumers confirmed receiving an invitation in November 2023 to be a member of the consumer advisory board. One consumer responded and has attended the first consumer advisory board meeting held in March 2024. Staff advised they are required to obtain feedback from consumers and/or representatives to inform service delivery evaluation after each shift is completed. Feedback is documented in the consumers file and reviewed by case managers. Staff confirmed feedback is shared at team meetings where they also have the opportunity to provide feedback.

The Board of Management (Board) and management demonstrated the service has organisation-wide governance systems and processes that promote the provision of safe, inclusive and quality care. Formal governance structures, leadership channels, and reporting pathways ensure the governing body (Board) remains well-informed. Management facilitates the flow of information to the governing body, supporting their decision-making, with the case managers bridging communication between management and support workers to ensure effective information flow. The Board demonstrated accountability for the delivery of quality care and services by regularly reviewing the performance of the organisation against the business plan. Meeting minutes demonstrate the Board receives the information and advice it needs from the Quality Advisory Board Committee, clinical governance reporting, key internal departmental heads and external stakeholders including financial and compliance advisors to meet its responsibilities.

The organisation demonstrated organisation wide governance systems in place for managing and governing all aspects of the service in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The organisation has implemented policies and procedures to govern information management relevant to each role, ensuring proper distribution and accessibility of updates and information. Staff advised they can access consumer information through the electronic mobile application and the electronic consumer information management system. The organisation demonstrated they show initiative in identifying opportunities for continuous improvement through consumer and staff feedback, regulatory compliance updates, identified risks, incidents and internal audits. Review of the service’s governing continuous improvement policies evidenced appropriate mechanisms are in place, including reporting to the Board. The organisation demonstrated financial governance by actively monitoring and managing HCP balances. At the time of the quality audit no consumers were identified as having high unspent funds. The organisation demonstrated their workforce is planned to facilitate the delivery and management of safe and quality care and services. Position descriptions are in place for each role. Staff members are provided with a job description that includes clear explanations of roles and responsibilities. Staff are provided with mandatory training, both initially and on an ongoing basis, to support them in their roles. The organisation demonstrated compliance with guidelines, relevant legislation updates and regulatory compliance requirements. The organisation monitors staff compliance with regulations such as police checks, car registrations and insurances for operational staff. The organisation has systems and processes in place to ensure consumer and representative feedback and complaints is captured, and dealt with fairly, promptly, confidentially and without retribution.

The service was able to demonstrate effective risk management systems and processes. These systems identify and manage high prevalence and high-impact risks. Management record, analyse and trend all hazards, incidents and near misses. Risk assessments are conducted for each activity and consumer risk minimisation strategies documented and implemented by support staff. Staff demonstrated an understanding of and said they have been provided information via education and policies, which guide them in identifying and responding consumer abuse and neglect and supporting consumers to live the best life they can. Management involvement in incident management, review and trending was confirmed through each individual incident and meeting minutes for staff.

The service uses consumer information such as incidents, risks, feedback, and complaints to measure clinical quality and safety performance. The organisation’s clinical governance framework policy includes references to a range of policies and procedures, training, and guidelines. The organisation ensures the workforce is supported with qualified clinical staff advice when needed. The organisation also has a range of policies and procedures that cover various aspects of clinical care and guide all staff. Policies and practices are also in place that cover antimicrobial stewardship, minimising the use of restraint and open disclosure.

I find Standard 8 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)