**Performance**

**Report**

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| Name: | Southside Community Services Inc |
| Commission ID: | 200962 |
| Address: | 63 Boolimba Crescent, NARRABUNDAH, Australian Capital Territory, 2604 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 14 August 2023 to 16 August 2023 |
| Performance report date: | 15 December 2023 |

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: 3122 Community Services #1 Incorporated  
Service: 26458 Home Care Packages Level 1 to 4  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7495 Southside Community Services Inc.  
Service: 23966 Southside Community Services Inc. - Community and Home Support

**This performance report**

This performance report for Southside Community Services Inc (**the service**) has been prepared by M Abjorensen, 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 Assessment contact (performance assessment) – site report was informed by [a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 2 November 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Not applicable** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Not applicable** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Not applicable | Not applicable |
| Requirement 1(3)(b) | Care and services are culturally safe | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not applicable | Not applicable |
| 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Not applicable | Not applicable |

Findings

Requirement (3)(e)

The Assessment Team found information provided was sufficient and timely for consumers receiving CHSP subsidised services. However, for consumers receiving home care package subsidised services, the Assessment Team was not satisfied that 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. The Assessment Team provided the following evidence relevant to my finding:

* For CHSP subsidised services, consumers described helpful, informative communication from the service.
* Consumer feedback regarding monthly statements was that they are not received on time, one consumer reported a discrepancy on their statement that is yet to be responded to by the service
* Information and evidence under Requirement (3)(a) in Standard 3 shows the service tailors monthly statements to consumers with visual impairments through larger font printed larger paper size
* Staff provide verbal information home care package balance and statement where inaccuracies are reflected in invoices
* Management explained, and review of monthly statements confirmed, despite improvements to statement layout, system issues cause errors in statements generated

In response to the Assessment Team report, the provider advised the following:

* Explanation that investigations regarding monthly statement inaccuracies have identified the source of the error which is currently being addressed by the software developers
* Explanation that a temporary solution is to prepare statements from the periods of June to December 2023 via an alternative system
* Evidence of communication provided to consumers explaining the issue, corrective actions and encouragement to raise concerns or seek clarification through contacting the service

In coming to my finding, I have considered the Assessment Team report and the provider’s response which demonstrates information provided to consumers is current, timely and accurate to inform decision making.

While the system remains problematic, the provider is taking necessary steps to address the issue, inform consumers and seek interim solutions. I do not find it proportionate to deem the information provided to consumers as deficient, based on a known system error that is in the process of being resolved.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 1, Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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. | Not applicable | Not applicable |
| 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 | 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. | Not applicable | Not applicable |
| 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 | 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. | Not applicable | Not applicable |

Findings

Requirement (3)(b)

For both CHSP and HCP subsidised services, the Assessment Team was not satisfied that 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. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives reported care and services reflect the current needs, goals and preferences, and additional services can be arranged through discussions with the service
* Management explained limitations with the current care planning system restricts the capacity to capture individualised, personalised goals for consumers. However, management demonstrated how assessment and planning processes include understanding consumer gaols, preferences, budget planning and support requirements.
* Care documentation showed advanced care planning is discussed, although additional information is not captured when a consumer states they do not have an advanced care plan.

The provider’s response to the Assessment Team report, included the following:

* The provider does not accept the Assessment Team recommendation.
* Explanation that assessment and planning identifies the needs, goals and preferences of consumers, with consideration to the consumer’s budget
* Explanation that while the goals may contain generic wording based on common themes, the interventions and supports of each goal are personalised and tailored to the consumer
* Explanation that advanced care planning is discussed, documented and stored on the consumer’s file if they wish. All consumers are provided information on advanced care planning and end of life planning.
* Evidence of the care plans which reflect goals, needs, personalised interventions to meet the goals with reference to consumer preferences and indication of whether an advanced care plan has been established
* Evidence of the care planning handbook

In coming to my finding, I have considered the Assessment Team report and the provider’s response which demonstrates the current needs, goals and preferences, including advanced care planning where the consumer wishes, are identified through assessment and planning.

I have considered consumer feedback indicates they are satisfied services meet their needs. Further, the Assessment Team report shows how consumer home care budgets inform the preferences and services consumers receive, through consultation and personalisation.

I have considered the Assessment Team report did not contain evidence of consumers where needs, goals and preferences were either not identified, in accurate or out of date.

I do not find it proportionate to determine the service fails to meet this Requirement based on the wording of goals, when the interventions to achieve goals are personalised. Further, consumer feedback indicates the service meets their needs, goals and preferences.

I am satisfied the provider has implemented improvements, and processes, to identify the current needs of consumers through assessment and planning.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(b) in Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(d)

Outcomes of assessment and planning are documented in care plans, paper based copies are provided to consumers. Staff access care planning information via the mobile application, or the paper based version in the consumer’s home.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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. | Not applicable | Not applicable |
| 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |

Findings

Requirement (3)(a)

The Assessment Team found personal care and clinical care was safe and effective for consumers receiving CHSP subsidised services. The Assessment Team was not satisfied that best practice care was demonstrated personal care and clinical care delivery for consumers receiving HCP subsidised services. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives described the care delivered as tailored to consumers’ needs
* The Assessment Team provided examples of evidenced based clinical care delivery relating to wound care, such as wound charts, photographs and progress notes and personal care delivered in accordance with a consumer’s mobility requirements.
* The Assessment Team reported brokered services delivering personal care without oversight from the service as the brokered services adhere to their own policies, however, information and evidence under (3)(e) shows frequent communication and oversight with nursing services regarding a consumer’s medication administration.
* Staff described having access to care directives for consumers and options to contact the service for any further information or concerns
* Management said a clinical lead will be appointed for greater oversight

The provider’s response to the Assessment Team report, included the following:

* Explanation that clinical governance framework includes policies and procedures relating to the management of clinical care, in addition to the brokerage governance framework, to ensure contracted provider’s policies align with best practice.
* Explanation that the service has implemented feedback and monitoring mechanisms to maintain oversight of the quality of care and services delivered.
* Explanation that the evidence in this Requirement contradicts the information and evidence under Requirement (3)(c) in Standard 7, which shows appropriate monitoring of brokered services
* Evidence of care planning and assessment for clinical care delivery and correspondence between the registered nurse and the service.

In coming to my finding, I have considered the Assessment Team report and the provider’s response which demonstrates safe and effective personal care and clinical care is delivered in accordance with best practice, to optimise consumer wellbeing in accordance with consumers’ needs.

I place weight on the feedback from consumers that they are receiving safe and effective care which is supported through care documentation for wound management, personal care delivery and medication administration and staff confirmation of access to support and guidance to deliver required care.

Further, I find the evidence does not demonstrate deficits relating to the delivery of personal care and clinical care, nor does it demonstrate deficits in the oversight of care delivered through brokered services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(a) in Standard 3, Personal care and clinical care.

Requirement (3)(b)

The Assessment Team found risk management was effective for consumers receiving CHSP subsidised services. The Assessment Team reported the service did not demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer for consumers receiving HCP subsidised services. The Assessment Team provided the following evidence relevant to my finding:

* Information and evidence under Requirement (3)(e) in this Standard shows frequent communication with nursing services regarding a consumer’s medication management with adjustments made in response to budget limitations.
* Staff said information alerts them to risks for the consumer and demonstrated processes they use when a risk, deterioration or incident has been identified or occurred
* Care documentation did not always contain details relating to mobility aids and falls risk or distinguish the reason for a hospitalisation, however, three care plans for consumers receiving HCP and CHSP subsidised service identified consumers’ risks, and management strategies.
* A risk register is completed by staff, which informs the risk rating, however, this information is not based on the use of validated assessment tools.
* Consumers with a higher risk rating are monitored through a clinical risk register with senior management and board oversight
* Management advised that a clinical lead will be employed shortly, and that as part of their role, will undertake regular clinical assessments using validated assessment tools, and oversee clinical supports and care.

The provider’s response to the Assessment Team report, included the following:

* Explanation that clinical assessments are conducted by a third party provider
* Explanation that the risk and vulnerability tool is used during assessment and planning processes to identify risk rating, alerts and management oversight
* Explanation of how the incident management system is monitored by management through weekly for oversight of high impact and high prevalent risks
* Explanation that a nurse practitioner has been engaged to undertake clinical assessments for consumers with care associated with high impact and high prevalent risks
* Evidence of the continuous improvement plan, risk and vulnerability tool, risk register, incident report and clinical assessment

In coming to my finding, I have considered the Assessment Team report and the provider’s response which demonstrates effective management of risks associated with the care of consumers.

This Requirement expects organisations to develop strategies to minimise the effect and number of risks for consumers, organisations can use advice from allied health practitioners and others in addition to the use risk assessments to find ways to reduce these risks. I find the this occurs through evidence of a workforce with qualifications and knowledge to deliver care and services. Further, the service has demonstrated the involvement of clinical providers to assess care needs and adjust care and services to manage risks.

I find the information and evidence does not demonstrate deficits in the management of high impact and high prevalent risks, but rather a deficit in two care plans. I do not find this proportionate evidence to deem a failure in the effective management of risks associated with the care of consumers.

I am satisfied the provider has demonstrated effective systems, processes and practices are in place to meet the expectations of this Requirement.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(b) in Standard 3, Personal care and clinical care.

Requirements (3)(c), (3)(e)

The service has processes in place to ensure consumers nearing end of life have their needs, goals and preferences recognised in event end of life care or palliative care services are required. The service has connections with palliative care services and the workforce have received training on end of life care.

The service has processes in place to communicate the consumer’s condition, needs and preferences within the organisation and others, such as brokered services. These include care documentation available at the point of care, accessed through mobile applications and functionality to review and input progress notes. Care documentation showed communications between nursing services and the provider regarding medication management. The service seeks consumer consent regarding the sharing of personal information with third parties.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(c) and (3)(e) in Standard 3, Personal care and clinical care.

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# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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. | Not applicable | Not applicable |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable | Not applicable |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable | Not applicable |

Findings

The service has processes to oversee sharing of information regarding a consumer’s condition, needs and preferences within the organisation and other parties involved in the consumer’s care, such as brokered services. For example, brokered services share information regarding changes to scheduled services, consumer communication and progress notes with the service via an appointed staff member who liaises with the consumer and representative, as required. Internal auditing has been implemented to monitor the effectiveness of the process. A consumer told the Assessment Team of a change to their scheduled service that was not communicated to the service. In response, the service contacted the brokered provider to remind them of the requirements.

Overall, management demonstrated through documentation provided that improvements to processes have effective to ensure information regarding consumers is shared appropriately with those involved in their care.

Based on the information summarised above, I find the provider, in relation to the service, compliant with (3)(d) in Standard 4, Services and supports for daily living.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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. | Not applicable | Not applicable |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not applicable | Not applicable |
| 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Management were able to demonstrate they have processes in place to ensure staff, inclusive of brokered services, have the knowledge to effectively perform their roles. The service maintains copies of staff qualifications, probity checks and vaccinations. The service oversees the competency of brokered services through compliance documentation provided. Management explained they have selected two brokered services delivering personal care and clinical care based on the qualifications, competencies and the service’s assessment of the suitability of the brokered provider. Consumers expressed confidence in staff competency and said their needs are met.

The service ensures staff are recruited with the appropriate qualifications and are continued to be supported to improve their knowledge and skills through ongoing training. On commencement of employment, staff are required to complete an orientation program that contains a number of mandatory training modules and performance management plan developed with the supervisor. Training is provided to staff continually throughout the year, covering topics such as the Quality Standards, end of life care, infection prevention and control, first aid certificates and cultural awareness training. Staff said they have regular meetings with their team to discuss regulatory changes to the sector, any complaints, feedback, or incidents relating to consumers and to seek advice from colleagues relating to consumers with more complex care needs

Staff are required to undertake performance appraisals annually. Further support is provided to staff when there is a need for improvement. Staff said they are supported by the service through regular meetings, feedback on their performance and goal-based development opportunities identified during performance appraisals.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(c), (3)(d) and (3)(e) in Standard 7 Human resources.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| 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 | 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. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |

Findings

Requirement (3)(c)

The Assessment Team were satisfied effective organisation wide governance systems were demonstrated for continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints, for example:

* Continuous improvement:
  + Documentation showed continuous improvement activities informed through staff and consumer feedback, audit outcomes with review regular from management
* Financial governance:
  + The service has a finance department that manages the organisation’s profit and loss, consumer budget information and funding for the CHSP program. The board receives monthly reports on the service’s financial status
* Workforce governance:
  + Staff and management are provided with a job description that include roles and responsibilities, purpose of position and required skills and knowledge to perform the role.
* Regulatory compliance:
  + The organisation remains informed of industry and regulation changes through federal government communications and sector meetings and webinars. Relevant information is provided to staff.
* Feedback and complaints:
  + The service has an effective system in place for receiving, responding to, and monitoring consumer complaints and feedback.

The Assessment Team reported effective governance systems were not demonstrated for information management. The Assessment Team provided the following evidence relevant to my finding:

* Information management:
  + Staff and management described the current information management system as sometimes difficult to use and not always suitable to generate care documentation and further training is required from the software company to support the organisation
  + Information and evidence under Requirement (3)(e) in Standard 1 shows the system causes inaccuracies in consumer monthly statements
  + However, staff said that they know where to access information if they need it, such as policies and procedures, and can access consumer information through their mobile phone app or the consumer’s in home folder

The provider’s response to the Assessment Team report, included the following:

* Explanation that system upgrades commenced during the Assessment Contact in response to the issues identified with monthly statement errors
* Explanation that the system meets the Requirement in that consumer information is securely stored and managed, amongst functionalities demonstrated by the system which support effective information management systems
* Evidence of letters sent to consumers regarding home are package statement

In coming to my finding, I have considered the Assessment Team report and the provider’s response which demonstrates effective organisation wide governance systems related to information management.

I find the evidence shows an issue with the system that is being addressed by the organisation through system upgrades and communication with consumers. Information and evidence shows, overall, staff have access to relevant information to perform their roles and consumer information is stored securely.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 8, Organisational governance.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)