

# Care service inspection report

Full inspection

## Almond Court Care Home Care Home Service

15 Drumchapel Place  
Drumchapel  
Glasgow



HAPPY TO TRANSLATE

Service provided by: Tower Bridge Homes Care Limited

Service provider number: SP2011011671

Care service number: CS2011300268

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of care and support	4	Good
Quality of environment		N/A
Quality of staffing	4	Good
Quality of management and leadership		N/A

### What the service does well

The service has a high percentage of staff trained in a range of topics including adult support and protection, dementia awareness and infection control. Staff were supported throughout the year by management using regular supervision.

### What the service could do better

We have made recommendations under quality statements 1.3, 1.5 and 3.2.

### What the service has done since the last inspection

Since the last inspection the service had met four of the seven recommendations met at the previous inspection.

### Conclusion

Almond Court provides good care and support to the people who live there.

# 1 About the service we inspected

Almond Court is a privately owned care home operated by Tower Bridge Care Homes Limited.

The home is purpose built and is situated within the grounds of Drumchapel hospital. It provides care and support for up to 42 frail older people who may have dementia.

The home has single en-suite bedrooms and has laundry and kitchen facilities. There is a dining room on each floor as well as communal sitting areas. Garden space is located around and at the rear of the home. A car park is available for visitors.

The service states in its aims and objectives that Almond Court Care Home aims to provide a high standard of person centred care.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 4 - Good**

**Quality of environment - N/A**

**Quality of staffing - Grade 4 - Good**

**Quality of management and leadership - N/A**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by two inspectors. The inspection took place on Tuesday 31 May 2016 between 9.30am and 5.15pm. It continued the following day, Wednesday 1 June 2016 from 9.20am until 4.20pm. We gave feedback to the manager and regional manager at the end of day two.

There was an inspection volunteer involved in the inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The inspection volunteer role is to speak with people using the service being inspected and gathering their views.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

We sent 15 care standards questionnaires to the manager to distribute to residents. We did not receive any completed questionnaires back. We also sent 30 care standards questionnaires to the manager to distribute to relatives and carers. Relatives and carers returned six completed questionnaires before the inspection.

We also asked the manager to give out 30 questionnaires to staff and we received two completed questionnaires.

During the inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- ten residents
- three relatives
- the manager
- the service lead
- care staff
- activity coordinator

We looked at:

- insurance certificate
- accident and incident reports
- personal plans
- six monthly reviews
- medication management
- activity provision
- training planner
- training records
- staff supervision
- staff rotas
- staff recruitment
- staff induction
- action plans
- minutes of resident meetings
- minutes of carer meetings
- minutes of staff meetings

We used the Short Observational Framework for Inspection (SOFI 2) to directly observe the experience and outcomes of people who were unable to tell us their views.

### Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who used the service had taken part in the self-assessment process.

## Taking the views of people using the care service into account

These are reflected throughout the statements of the report.

## Taking carers' views into account

These are reflected throughout the statements of the report.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

#### Statement 3

“We ensure that service users' health and wellbeing needs are met.”

#### Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a good level.

We sampled medication administration records sheets (MARs) and found that these were completed well. We noted that several residents were prescribed 'as required' medications that staff could use if the person became distressed; however, it was positive to see that the level of usage was low.

We found that personal plans were in place for residents and that these included any associated risk assessments. The plans had been evaluated monthly by staff and these gave a brief overview for that person since the previous month. We noted that the provider had introduced new documentation and that the service were in the process of implementing this.

We looked at accident and incident records and found that a system was in place for staff to record these. We could see that staff observed residents following any accident or incident to monitor their health and that the manager had an overview of these.

We made a recommendation at the last inspection regarding the provision of snacks and drinks for residents. We found that these were available for residents at all times and we observed staff offering plenty of snack and drinks throughout the inspection. This recommendation had been met.

We spoke to residents who told us that the food was good. We saw that a menu was available each day and that tables were nicely set and that condiments were available. We noted that people chose what they wanted to eat at each mealtime and staff told us that if someone did not want either option, then the cook would make something else for them.

We found that the service had a full time activity coordinator. They assisted residents with a range of activities and outings including hand massages, pub lunches and arranging entertainers to visit. We were told that the service shared a minibus with two sister homes which meant that they had access to it every third week. In between times the activity person used public transport or taxis to take people out and about.

We sent out 30 questionnaires to residents and relatives prior to the inspection and received six back. Everyone stated that they either agreed or strongly agreed that they were overall happy with the care and support at Almond Court. Their comments included:

- "I feel that my relative is well cared for by the care assistants and nursing staff."
- "I think there could be a better labelling system to ensure items of clothing don't go missing."
- "The staff are extremely caring and go out of their way to offer help and comfort to all."
- "There is always a relaxed friendly atmosphere with good natured banter between staff and residents."
- "Really pleased with the effort made by staff to get to know my dad and to help him settle in to the nursing home."
- "Really appreciate the staff participation in my dad's first review meeting, including the manager, activities coordinator and key care staff, which helped to give us a good overall picture of his care."

## Areas for improvement

We made a recommendation at the previous inspection regarding care staff playing an active role in the provision of activities. We did not observe this taking place over the inspection. We also discussed this with residents and relatives who confirmed this was their opinion too. This recommendation had not been met. Please see recommendation 1, detailed below.

We sampled personal plans for residents who may show signs of stress or distress. We found that these needed to be expanded; more person centred and give care staff guidance on how best to support the person including any key triggers to look out for. We made a recommendation about this. Please see recommendation 2, detailed below.

We have asked the service to look at making the six monthly reviews more outcomes focused and have signposted them to [www.helensandersonassociates.com](http://www.helensandersonassociates.com) for some ideas.

We sampled accident and incident forms and found that there was not a consistent approach to those that fall under the category of adult support and protection. We discussed this with the manager and felt assured that a consistent approach would be used in the future. We made a recommendation about this. Please see recommendation 3, detailed below.

## Grade

4 - Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 3**

1. Recommendation 1, quality statement 1.3

The service should ensure that all care staff play an active role in the provision of one to one and group activities and be able to evidence that residents are receiving sufficient mental and social stimulation to ensure their wellbeing.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements and Standard 17: Daily Life.

2. Recommendation 2, quality statement 1.3

The service should ensure that where a resident may show signs of stress or distress, then a detailed care plan should be in place to guide staff on how best to support them. This should include any triggers and strategies that work well for that person.

National Care Standards, Care Homes for Older People - Standard 6: Supporting Arrangements.

3. Recommendation 3, quality statement 1.3

The service should ensure that all accidents and incidents that fall under the category of adult support and protection should be managed consistently. This should include a referral to the adult support and protection team and a notification to us.

National Care Standards, Care Home for Older People - Standard 5: Management and Staffing Arrangements.

## Statement 5

“We respond to service users' care and support needs using person centered values.”

### Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a good level.

We sampled personal plans and found that most contained Adult with Incapacity forms and that the home was using the Mental Welfare Commission Checklist for those people that had a power of attorney or guardianship order in place.

We found that family were involved in the six monthly review process. We also noted that where appropriate, the community psychiatric nurse had been asked to visit prior to the review which is good practice.

We noted that the service liaised with other health care professionals including GP, optician, dentist and dietician as and when needed to support the health care needs of the residents. We spoke with relatives who told us that they were always kept up to date following any visits.

We were told by residents that they were able to choose when they got up in the morning and when they retired to bed.

We observed that service supported residents to celebrate their birthdays which meant that this key date was made special for them.

We found that staff had received training on equality and diversity.

We observed staff to offer choice to residents about their daily life including where to sit, what to eat or drink.

We made a recommendation at the previous inspection about as required and covert medications. This recommendation had been met.

The inspection volunteer involved in the inspection talked to residents and their relatives, their feedback noted:

### Inspection Process

I spoke to six service users

I spoke to three carers/family members

At this inspection the inspectors were looking specifically at the Quality of Care and Support and the Quality of Staffing. I restricted my discussion with residents and families to these areas.

### Quality of Care and Support

The contacts I observed between staff and residents were all friendly and courteous. However, on one occasion as I sat in the lounge area three staff members had a conversation for some time while the fourth staff member devoted her attention to the six residents who were there. One resident was showing signs of distress during this time.

Residents spoke highly of the meals provided. There was also a supply of snacks and drinks available between meals. In the afternoon a member of kitchen staff circulated and offered ice cream to residents and visitors. She spoke pleasantly to residents as she did so. The residents I spoke with did not rate activities highly. I saw no sign of any organised activity - on the afternoon 'hairdressing' was on the activity board but the hairdressing room was in darkness. Another poster on the notice board said the hairdresser was in on a different day. When I asked residents how they rated the care they received they used terms such as mostly good, and by and large good.

Residents said:

- "Looked after quite well."
- "It's not too bad living here."

- "I'm looked after very well."
- "If I ask for help I get it quickly."
- "They help quickly."
- "They do quite well on meals."
- "Cook is not too bad."
- "I like the food."
- "Meals are fine."
- "Reasonable choice of food."
- "It feels like family in here."
- "Activities are not bad."
- "I don't go to activities."
- "I'd recommend to a pal."
- "I decide myself when it's bedtime."
- "Of course I'm treated with respect."

Family said:

- "Care is very good."
- "Care is first class."
- "It's a welcoming place."
- "They phone if there's any concern."

### Areas for improvement

We noted an area for improvement at the last inspection about the tone of some staff recordings being inappropriate. We continued to find this and shared examples at feedback. We were told that the service were working with staff about this. We will monitor this at the next inspection.

We asked the manager to start a restraint register during the inspection, which they started before we left. We also asked them to ensure that consent forms were obtained for those residents that were using alert mats, which they agreed to do.

We found that some resident paperwork, which included some personal information, were kept in the lounge on the ground floor. We asked the service to ask staff to keep these in the duty room when not being used to protect resident's confidentiality.

We asked the service to obtain copies of any legal powers that were in place for a resident including power of attorney or guardianship. The manager told us that they would contact families to put these in place.

### **Grade**

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 2: Quality of environment

Quality theme not assessed

## Quality Theme 3: Quality of staffing

Grade awarded for this theme: 4 - Good

### Statement 2

“We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.”

#### Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a good level.

We looked at recruitment files for eight staff.

We found that all staff had been checked that they were a member of the Protection of Vulnerable Groups (PVG) Scheme prior to commencing in post. This ensured that the staff employed had not been barred from working with adults.

We read the interview notes and noted that this process included relevant questions to establish whether each candidate was suitable to work in the service, including questions devised by residents. The benefit of this was that the manager was able to make an informed decision about whether or not to offer employment.

We saw that two reference checks had been obtained prior to the candidate commencing with the service; most included the person's current or most recent employer.

We found that where appropriate relevant professional register checks had been made prior to the person starting to ensure that they were registered as declared on their application form.

We looked at the training these staff had received since commencing at the home and found that all staff had worked through the provider's training system. The benefit of this was that staff were provided with the training to assist them to carry out their job role. This included moving and handling, fire safety and safeguarding.

We found that staff had completed an orientation checklist when they had started to familiarise them to the care home.

### Areas for improvement

We made a recommendation at the last inspection that staff should receive induction training appropriate to their role. This had not taken place. We were told by the service that the provider was about to roll out a new induction programme for staff. This recommendation had not been met. Please see recommendation 1, detailed below.

We found that new staff had not received practical moving and handling training. We discussed this at feedback and were told that some staff had received this at their previous place of work. We asked the service to obtain a copy of the person's certificate where this was the case. We made a recommendation about this. Please see recommendation 2, detailed below.

### Grade

4 - Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 2**

1. Recommendation 1, quality statement 3.2

The service should ensure that all staff receives induction training appropriate to their role prior to lone working within the care home.

National Care Standards, Care Homes for Older People - Standard 5:  
Management and Staffing Arrangements.

### 2. Recommendation 2, quality statement 3.2

The service should ensure that all staff receive practical moving and handling training. Where a staff member has received this at a previous employer, then a certificate of this should be in their training file.

National Care Standards, Care Homes for Older People - Standard 5:  
Management and Staffing Arrangements.

### Statement 3

“We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.”

#### Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a very good level.

We found that the service used both elearning and face to face training. The majority of staff had completed their elearning training. This was monitored during supervision sessions. Training included adult support and protection, dementia awareness and infection control.

We looked at the supervision matrix that was in place for staff and found that the majority were up to date. The benefit of this was that staff had had opportunities to meet with their line manager to discuss any issues or ideas.

We found that staff that should be registered with the Scottish Social Services Council (SSSC) were and that the manager had an overview of this.

We sampled Nursing and Midwifery Council (NMC) checks for nursing staff and found that these were in place.

We were shown the training planner for the second half of the year which included face to face training on moving and handling, anaphylaxis and safeguarding.

We heard about some training that was being planned for next month by the care home liaison nurse about the use of the Malnutrition Universal Screening Tool (MUST).

We spoke to some staff who told us that they were in the middle of completing a distance learning course around dementia.

We found that some staff meetings had taken place for staff. This gave staff an opportunity to discuss any issues or ideas with the manager.

The inspection volunteer involved in the inspection talked to residents and their relatives, their feedback noted:

### Quality of Staffing

Residents said:

- "Staff are very good."
- "Pretty well trained."
- "I don't see agency staff."
- "On the odd time think they are short staffed."
- "Sometimes short of staff."
- "Staff are helpful."
- "Some good, some bad."
- "There's good and bad."
- "\*\*\*\*\* was a good help to me when my husband died."
- "Staff are all good."
- "Staff are nice."
- "They're OK with me."
- "They are well trained - I feel safe when they help to move me."
- "Treat me OK."

Family said:

- "I'm happy with the staff."
- "They are pleasant."

### Areas for improvement

We had a chat with the activity coordinator about how she comes up with ideas for activities, including for those residents who have a greater level of cognitive impairment. We were told that there used to be an activity forum where all the coordinators from the provider's homes would get together to discuss ideas.

We heard that this had been recently been tried via Skype; however, due to internet issues Almond Court had been unable to take part. We asked the provider to look at re-starting the face to face activity forum and sourcing activity training for their coordinator. We will review this at the next inspection.

We sampled the training feedback forms that staff currently completed and suggested to the manager that these could be tweaked and used by care staff towards their Personal Record of Training Log (PRTL) which they will need to keep up their registration with the SSSC.

### **Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of management and leadership

Quality theme not assessed

### 4 What the service has done to meet any requirements we made at our last inspection

#### Previous requirements

There are no outstanding requirements.

### 5 What the service has done to meet any recommendations we made at our last inspection

#### Previous recommendations

1. The service should ensure that all care staff play an active role in the provision of one to one and group activities and be able to evidence that residents are receiving sufficient mental and social stimulation to ensure their wellbeing.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements and Standard 17: Daily Life.

This recommendation was made on 22 September 2015

Please see areas for improvement under quality statement 1.3 for progress.

2. The service should ensure that it fully utilises feedback received from residents and relatives by drawing up action plans to inform development and improve outcomes, such action plans should include: actions to be taken, person responsible and required timescale for this work to be completed.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

This recommendation was made on 22 September 2015

We found that there were some action plans in place that the service was working through. These were on display for residents and relatives to read.

This recommendation had been met.

**3. The service should ensure that residents have access to hot and cold drinks and snacks whenever they like.**

**National Care Standards, Care Homes for Older People - Standard 13: Eating Well.**

**This recommendation was made on 22 September 2015**

Please see strengths under quality statement 1.3 for progress.

**4. The service should ensure that all residents who have PRN drugs prescribed have appropriate protocols in place provided by the GP; that nursing daily notes of medications administered must state clearly the reason for the drug having been administered and the outcome for the resident; and where residents are receiving covert medication a covert pathway must be in place with appropriate pharmacy guidance included in the care plan.**

**National Care Standards, Care Homes for Older People - Standard 15: Keeping Well, Medication.**

**This recommendation was made on 22 September 2015**

Please see strengths under quality statement 1.5 for progress.

**5. The service should review the lighting and decoration in the upstairs unit to see if a more bright and cheery environment can be created.**

**National Care Standards, Care Homes for Older People - Standard 4: Your Environment.**

**This recommendation was made on 22 September 2015**

We found that the home had very nicely themed corridors throughout and the change to the colour of the upstairs corridor had brightened it up.

This recommendation had been met.

6. The service should ensure that all staff receives induction training appropriate to their role prior to lone working within the care home.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

This recommendation was made on 22 September 2015

Please see areas of improvement under quality statement 3.2 for progress.

7. The service should ensure that where meetings have been held and audits undertaken an action plan should be produced to record what requires to be followed up, who is responsible and when action is to be complete.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

This recommendation was made on 22 September 2015

We found that this did not routinely happen currently.

This recommendation has been repeated.

## 6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings
22 Sep 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
28 Jan 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
23 Jul 2014	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 4 - Good Management and Leadership 3 - Adequate
7 Mar 2014	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good Management and Leadership 4 - Good
12 Nov 2013	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing 3 - Adequate Management and Leadership 3 - Adequate
15 Nov 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 3 - Adequate Management and Leadership 4 - Good
12 Jul 2012	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 3 - Adequate

		Management and Leadership	4 - Good
2 Feb 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

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