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Care service inspection report

Aberdeen Services

Housing Support Service

4 Provost Mitchell Circle
Bridge of Don
Aberdeen
AB23 8AP

Inspected by: Gordon McIntosh

Type of inspection: Unannounced

Inspection completed on: 9 July 2012

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Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	6
3 The inspection	10
4 Other information	21
5 Summary of grades	22
6 Inspection and grading history	22

Service provided by:

Care UK Learning Disabilities Services Limited

Service provider number:

SP2003000276

Care service number:

CS2004068034

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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	5	Very Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

The staff and management at Aberdeen Services try very hard to understand the people they support. The staff speak to families and professionals all the time, they watch the people who live there and listen carefully to what people are trying to tell them. People are helped to try new things at their own pace.

What the service could do better

There were a lot of staff vacancies and this sometimes affected what people could do and how things were run.

What the service has done since the last inspection

The service has kept trying to employ more staff. The manager and the staff were always trying to learn more about the people who live there and the conditions which affect their lives. There have been changes to the way staff are trained. A new branch was under development.

Conclusion

Aberdeen Services tries to provide people with the individual routines which help them get the most out of life. They also try to find new things which people could enjoy.

Who did this inspection

Gordon McIntosh

1 About the service we inspected

Aberdeen Services provides housing support and care at home services for up to eleven people. Eight people live in flats which are part of a purpose built development; in single flats or in one of the two shared flats. The complex also has a large public area, a sitting room which is used for lots of different things, a staff office and sleep over accommodation. Two people supported by the service live in flats at different locations. There were three staff teams, one at the complex and one at each of the separate flats. Another singleton service was under development but awaiting suitable accommodation for the person to be supported. The service provider, Care UK, provides a wide range of care services throughout the United Kingdom.

The people supported by the service experienced a range of difficulties, caused by autism, or other learning and physical disabilities. The service helped people to have as many opportunities as possible, tried to respect the rights of individuals and to encourage choice, privacy and dignity.

Before April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (Care Inspectorate), took over the work of the Care Commission, including the registration of care services. This means that from 01 April 2011 this service continued its registration under the new body, Care Inspectorate.

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

Quality of Care and Support - Grade 5 - Very Good
Quality of Staffing - Grade 4 - Good
Quality of Management and Leadership - Grade 4 - Good

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.scswis.com or by calling us on 0845 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 medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

This report was written following an unannounced inspection. Visits to the service and meetings were carried out on 02 to 04 & 09 July 2012. The inspection visits were carried out by one Social Care and Social Work Improvement Scotland (Care Inspectorate) inspector.

The service had submitted an annual return and self evaluation as requested. Care Inspectorate records about the service were consulted in preparation for the inspection visits. Policies, procedures and records were examined including:

* Personal Plans of people who use the service
* Daily Notes
* Medications Records
* Minutes of Staff Meetings
* Team Exercise and Goals
* Quality Exercise, Goals and Action Plan
* Communications Book
* Supervision Records
* Training Records
* Training Packs
* Recruitment Records
* Accident and Incident Records
* Complaints Records
* Interviews with:
  - Service Manager
  - 4 Members of Staff
  - 2 Family Carers
* Informal talks with:
  - 3 People who use the service
  - 3 Members of staff
* 4 Care Standards Questionnaires were returned
* 6 Staff Questionnaires were returned
* Observation of Practice
* Inspection of Premises and surrounding areas

Feedback was provided to the service manager; including discussion of the proposed grades.

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.firelawscotland.org

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

1. New care planning arrangements to be implemented as soon as is practicable and in the meantime records be kept up to date.
National Care Standards Housing Support Standard 4, National Care Standards Care at Home Standard 3.

2. Recording of Complaints and staff meetings be done in a style which protects confidentiality.

National Care Standards Housing Support Standard 7, National Care Standards Care at Home Standard 9.

3. Lists of medications should be reviewed and revised regularly and any alterations annotated appropriately.

National Care Standards Care at Home Standard 8.

4. All family contacts to be recorded appropriately.

National Care Standards Housing Support Standard 8.6, National Care Standards Care at Home.
5. Supervision should be carried out and recorded as per organisation policy.

National Care Standards Housing Support Standard 3.4, National Care Standards, Care at Home Standard 4.1

Recommendations 1,2 & 4 had been met, recommendations 3 & 5 remain in place. See body of his report for details.

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.

A detailed self assessment was submitted as per request.

Taking the views of people using the care service into account

The service users were observed to enjoy warm, supportive relationships with staff and were happy with activities and outings.

Taking carers' views into account

The family members who completed questionnaires or who were interviewed were very positive about the service, the manager and about the staff. Some people were very concerned about the continued expansion of the service and felt that standards occasionally slipped at the housing development, that service users did not always have the level of support or access to activities which they should have.

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: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The new company support planning system had been introduced across the service since the last inspection. The system was comprehensive covering all aspects of peoples' physical and emotional wellbeing. The support plans examined were very thorough and completed in full. Key workers and other staff had consulted service users, family members, related professionals and related services wherever possible. Staff had observed service users closely and researched their conditions and backgrounds, to try to understand their wishes, their ways of communicating and their behaviours. The information gathered was discussed with families, with appropriate professionals and shared within the teams. One family carer who completed a questionnaire stated "They are always considerate to all of us, keep us well informed about everything."

Some families who lived locally were able to visit regularly. If families could not visit frequently, staff helped service users' to keep in touch by phone or visits. Staff were also in regular contact by phone, email or letter.
Some service users had statutory measures of care in place already and formal measures were being pursued for the remaining service users, either by families or social work departments.

The staff recognised how important routines were to peoples' sense of security, identity and happiness, but staff were also committed to providing people with new experiences and opportunities. These were introduced in ways which were sensitive and appropriate to their individual needs. Staff worked very hard to help people through external changes e.g. seasonal events, Jubilee celebrations etc and also through changes which are closer to home like domestic maintenance, redecoration and changes in fellow residents.
There were very detailed guidelines and protocols in place which had been painstakingly created. These were kept under constant review. Staff members who

were new to the service, or new to a particular service user, had to become familiar with the needs of the individual before providing support. Staff had to sign care plans to confirm that they had read them. The staff clearly did know the service users very well including their needs, preferences and routines. Staff approached service users very sensitively and took care to ensure that they were interpreting peoples' wishes and feelings correctly.

Several family members stated how grateful they were to the service and to the staff and commented on how much their loved ones' life had opened up and developed due to their efforts; "We will forever be indebted to all the staff that look after our service user. Thank you all for all the care and attention they deliver to the service user" and "We remain totally happy with the care our son..... receives and as stated before, the staff at PMC go to great lengths to ensure that he, and the others, lead as varied and meaningful a life as possible."
Progress was reviewed monthly, key workers created monthly summaries which were shared with families either by letter or informally during visits. The summaries were up to date in the files examined.

Areas for improvement

The new planning system was very comprehensive but had raised some teething problems. The system included setting of goals for individuals over different timescales. Management and staff in the service seemed uncertain as to how this was expected to be completed and updated. Likewise the service was unsure about how to approach reviews of the health support planning sections. The service had sought advice from the company.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The manager of the service to continue to seek guidance about support planning processes as appropriate.
   National Care Standards: Housing Support Standard 4,
   National Care Standards: Care at Home Standard 3.

Statement 3

We ensure that service user's health and wellbeing needs are met.

Service strengths

The health support needs of individual service users was assessed, monitored and reviewed in great detail. The service worked closely with the full range of health professionals from community health services, hospital clinics, psychiatric and psychological services. The service contained a great deal of knowledge and

experience in interpreting and working with peoples' emotional and physical wellbeing, staff monitored changes in mood and behaviour closely. Staff sought guidance from health professionals and/or Community Learning Disability Team as soon as problems arose which could not be adequately understood. The service felt that service users received very good support from GP practice and Dental services.

Support plans examined contained detailed information and risk assessments about peoples' health and protocols for how they should be supported. Families had been consulted about medical background and risk assessments wherever possible.

Appointments, information and guidance about various conditions were recorded in support plans and staff received updates on medical advice through diaries and meetings. Service users received regular health checks and screening including dental and podiatry checks; specific reviews and monitoring systems had been set up where necessary. Medications were reviewed as part of the on going programmes of health support. Staff had received training in medicines administration through the Boots MDS system. Staff practice was observed for competence and their knowledge was tested by a quiz. Medications were audited and errors recorded in a log.

There were appropriate health and safety training for staff and checks in place for flats and public areas. Staff tried to encourage active lifestyles and healthy eating for service users. The service tried to take this into account when planning staff rotas. Appropriate transport arrangements and equipment were in place and maintained.

Areas for improvement

The service has provided training for staff in oral care, management of challenging behaviours, autism, bowel management and communication and hopes to continue to update staff as appropriate.

The ageing process is starting to affect some of the service users. The service plans to research this topic and provide appropriate training and support to staff, families and service users.

The service felt that they had not received sufficient guidance with regard to the health support needs of one individual and continued to pursue this with the health professionals involved.

The medications lists in some of the support plans examined did not coincide fully with the lists in the medications files/MAR sheets. This problem was related to the "teething problems" mentioned under Quality Statement 1.1.

Service users' activities programmes were sometimes altered due to staffing shortages.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Lists of medications should be reviewed and revised regularly and any alterations annotated appropriately.

   National Care Standards: Care at Home Standard 8.

Statement 4

We use a range of communication methods to ensure we meet the needs of service users.

Service strengths

The communication support needs of individual service users had been assessed in great detail and recorded in the support plans examined.

There was detailed information about service users' likes and dislikes. Plans contained precise guidelines, protocols, scripts and communication books/dictionaries to help staff interpret service users' speech, signs, gestures and behaviours and to be able to respond or communicate appropriately. Communication guidelines had been developed through close observation of service users and discussion within staff teams.

Staff had also consulted families and related professionals including previous service providers, psychological services, speech and language therapy, occupational therapy, physiotherapy and community learning disability team. Plans contained reactive and proactive strategies provided by NHS psychological services and the service also had advice and guidance from the company Behaviour Specialist. Service users' communication, behaviour patterns, moods and reactions were monitored continuously by staff. There were specific learning/debriefing sessions for significant events, activities and outings. The staff continuously tried to learn what worked and what did not work with individuals and how activities and events could be prepared for.

Staff used visual prompts, signs, symbols, photographs, memory books, memory boxes, talking mats, objects of reference, diaries, social stories, notice boards, weekly planners, pre-planned scripts, detailed reactive strategies, art therapy/projects, music/sung guidance, count down devices combined with pictures of activities and timetables/timelines. A Communication Centre, using boardmaker and widgit, was available on computer but so far only one service user had taken any interest.

The staff were sensitive to issues of body space, levels of stimulation, anxiety and

stress. Individual wall picture boards, snoezelen, relaxation sessions, music and weighted blankets were used to provide comfort and security. Regular events including specific television programmes were used to help people locate themselves in time and place. The aim of all these efforts was to help people to deal with their sensitivities, calm peoples' anxieties and enable people to speak for themselves as much as possible, including with this inspector.

Areas for improvement

One new service user uses smart phone technology to help plan his life and communicate. The service sees this as an exciting opportunity for development and training ("Gadget") has been arranged for the near future.

The service will continue to provide more training for staff in communication, particularly the use communication aids.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

All families had been invited to participate in the recruitment of new staff. Two families participated at the housing development and the families at the singleton services participated. Interviews were carried out in two stages. Family participants had the final say, with due regard to employment legislation. Lists of questions and work scenarios/dilemmas had been prepared for discussion at interviews.

Some family members were also involved in training and preparing new staff for working with service users.
Service users and family carers could make comment on staffing issues at any time, either individually to staff or management, in questionnaires or at meetings. Staffing issues featured as part of care planning, monitoring and reviewing, family carers could make suggestions at any stage. The manager and the senior nurse operated an "open door" policy and contact details were provided. Policies and procedures invited family members to make informal comments at any time as well as being made aware of the complaints procedure. The service kept in regular contact with all families by phone, email or letter if they were not able to visit regularly.

The manager observed practice, worked alongside staff and consulted people who use the service and family members about staffing issues. Any issues identified would be raised at team meetings or individually in supervision or appraisal.

Areas for improvement

The service does ask for feed back about new staff but does so informally and hopes to develop a more systematic way of recording these comments.

Some family members felt that staffing issues had become more complex with the development of the three stand alone branches. Family members felt that staff were sometimes redeployed at very short notice leaving the housing complex short of staff on occasions. This was said to happen regularly at weekends and could limit peoples' access to activities and outings. The manager explained that the weekend staffing problems arose from a shortage of regular sessional staff willing to work weekends. This was partly due to transport difficulties in the area which are particularly problematic at weekends and public holidays. Several attempts had been made to overcome this issue including the manager ferrying staff by car.
See Quality Statement 4.1 for recommendation.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

All staff are recruited with appropriate checks and due regard to the skills and qualifications necessary for individual posts. There were detailed company policies and procedures. The comprehensive induction process, work book and core training had been reviewed and revised. Shadowing opportunities were provided for new staff. Staff felt that there were ample training opportunities were available for staff at both in service and qualifying levels. Staff said they felt well supported by the manager, the senior nurse and their individual supervisors. They said that help and advice was always available and the manager in particular was very approachable and had a great passion and knowledge about this area of the work. They said that training was encouraged and that they were expected to be always looking for ways to improve. Numerous courses were available on line/on computer. Mentoring was part of some of these programmes and assessment of knowledge and skills at completion.

Areas for improvement

There were systems in place for supervision but records showed that meetings did not take place as regularly or as frequently as expected by the organisation. The quality assurance audit had identified frequency of supervision and of team meetings as issues to be worked on.

A new appraisal system based on four quarterly meetings was being introduced. Senior staff had received training for its implementation.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Supervision and team meetings should be carried out and recorded as per organisation policy.

   National Care Standards: Housing Support Standard 3.4,
   National Care Standards: Care at Home Standard 4.1.

Statement 4

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Service strengths

The policies and procedures of the company and of the service promote the rights of service users. The Charter of Rights is included at the beginning of the support planning documentation. Respect, dignity and choice are encouraged through induction, staff training, specific notices, individual practice guidance, practice monitoring, team meetings and staff supervision. All staff members are given SSSC Codes of Practice as part of the induction process and must confirm that they have read and understood them.

The service users and family carers confirmed that staff were welcoming and respectful to service users, family members and each other. The responses to the questions covering these areas in the care standards questionnaires were all in the "Strongly Agree" and "Agree" columns and comments included, "I cannot express how much the staff mean to my family. They are more like family to us all. They are always considerate to all of us, keep us well informed about everything. We will forever be indebted to all the staff that look after our service user." The staff were also described as "excellent" and the manager described as "awe inspiring".

The staff spoken with, the completed staff questionnaires which were returned and the records which were examined also showed respect for the wishes of service users and families and sensitivity to their needs.

The practice observed throughout the inspection visits was of a very high standard; staff members were taking time to ensure that they understood what people wanted, that people could make choices and that people could express their opinions wherever possible. Staff members were using their previous knowledge of service users' likes and dislikes but did not assume automatically that they knew what service users wanted on the particular occasion.

Areas for improvement

The service provider is hoping to provide on-going training in values and communication.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

Service users and family carers have several opportunities to make comment on the general running of the service. Policies and procedures encourage open dialogue. This can be done informally through comments to staff of managers. The manager and the senior nurse were universally described as very approachable. A questionnaire is provided annually to family carers. Comments on the general running of the service are invited as part of review process and discussions about individual progress. At the singleton services, family members are invited to participate in regular team meetings. New ideas within the service are discussed with family carers.

Areas for improvement

Family meetings and informal events had previously been available to provide opportunities for families to make comment. The previous line manager had attended and had consulted families about the frequency and format of meetings. Several families commented that these meetings were no longer available and that they felt that they had lost touch with line management and the wider organisation. The families had concerns about the company's development aims in the area, "Since the changes in administration I feel I am losing touch with what is going on- who is who and who does what. There appears to be little communication with Glasgow and/or the head office in Colchester."

The families were all very positive about the service and the staff, and were very sympathetic to the difficulties faced by other families who supported people with learning difficulties. They did feel however that there was a danger of the service becoming overstretched.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The service and the service provider to consult family carers about opportunities for involvement and consultation and the form this should take.

   National Care Standards: Housing Support Standard 8,

National Care Standards: Care at Home Standard 11.

2. The service and the service provider to consult family carers about future developments in the service.
   National Care Standards: Housing Support Standard 8.1,
   National Care Standards: Care at Home Standard 11.

Statement 2

We involve our workforce in determining the direction and future objectives of the service.

Service strengths

The staff members spoken with and those who completed questionnaires felt that they were consulted and fully involved in general developments within the service. They felt that local management and their colleagues were very supportive and approachable, that suggestions were welcomed and they could ask for advice and support at any time and be confident that they would receive it. The company's annual staff survey had just taken place but the findings were not available for this inspection. A major staff consultation exercise had taken place at the service, the staff team had analysed the services strengths and weaknesses. The service was developing an action plan and setting goals at the time of this inspection.

Areas for improvement

The service and the company does consult staff and take their opinions into account. The frequency of supervision and informal consultation/debriefing has improved, but supervision and team meetings have been identified by the company as a weaker area. Some staff members were more guarded in their comments about the expansion of the service.
See Quality Statement 3.3 for recommendation.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

The service is subject to several internal and external quality assurance mechanisms. Monthly returns are made to line managers about several key indicators. Every ten weeks an online health and safety audit is carried out. The line manager carries out a "Branch Review" every 2 months and makes a report to the H.Q. of the company every 6 months. The major Quality assurance exercise operates on the "Celebrate, Improve,

Investigate Further" model, from which action plans are developed and goals set, "Over to You".

Aberdeen Services was originally a joint NHS, Local Authority/Company project so is still subject to NHS QIS. The manager informed that this year's survey had not yet taken place. The service has also received regular visits from the Mental Welfare Commission but again this years visit had not taken place at the time of this inspection.

Areas for improvement

The company did issue questionnaires and produce reports. Some of the issues raised or suggestions made were used in development strategies. However the company had recognised that current quality assurance mechanisms did not include service users and families sufficiently and a development group had been set up to look into this issue.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

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

Enforcements

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

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Statement 4	6 - Excellent
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Statement 4	5 - Very Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 2	4 - Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings	
5 Aug 2011	Unannounced	Care and support Staffing Management and Leadership	4 - Good 4 - Good Not Assessed
10 Sep 2010	Announced	Care and support Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good
29 Oct 2009	Announced	Care and support Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good
12 Dec 2008		Care and support Staffing	5 - Very Good 4 - Good

		Management and Leadership 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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

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یہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذا المنشور متوافر عند الطلب بتنسيقات وبلغات أخرى.

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

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