

St. Rognvalds House Care Home Service

off Old Scapa Road
Kirkwall
KW15 1BB

Telephone: 01856 872106

Type of inspection: Unannounced
Inspection completed on: 26 April 2017

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Care service number:
CS2003009102

About the service

St. Rognvalds House is registered to provide care for up to 40 older people on a permanent basis and four on a respite/holiday basis. The provider of the service is Orkney Island Council (OIC). The care home is based around a central courtyard which has a water feature and there are surrounding landscaped garden areas.

The accommodation is split between St. Magnus providing care for physically frail residents and St. Marys providing care for those with dementia. Each unit is based in wings which have single rooms, toilets, shower rooms and bathrooms. Twenty eight bedrooms have ensuite facilities. There are also several sitting areas within the home, two dining areas, kitchens and laundry facilities and several offices for staff to use.

St. Rognvalds brochure states that 'St. Rognvalds House aims to provide it's residents with a secure, relaxed and homely environment in which their care, well being and comfort is prime importance.'

What people told us

During the inspection, we spoke with four people who used the service who expressed a high level of satisfaction with the service.

Comments included:

'It's home from home.'

'The staff are wonderful.'

We also spoke with two relatives of people using the service who also expressed a high level of satisfaction with the care being provided.

Comments included:

'Marvellous staff.'

'My wife gets the best of care and attention.'

'We would never manage without this place - it's such a relief (for me).'

Prior to the inspection, Care Standard Satisfaction Questionnaires were sent out to those using the service, or their relatives/carers.

20 completed questionnaires were returned to us prior to the inspection and all were happy overall with the quality of the care that was being provided by the service, of those returned, 12 stated that they strongly agreed that they were overall happy, and eight that they agreed.

Comments included:

'I am happy with the quality of the care my relative receives.'

'I am very happy here.'

'Staff try to provide the type of food my relative likes.'

'There is always too much food.'

'At times I feel that there is not always enough staff to meet all of my needs.'

'Staff keep the buildings and facilities as clean as they can, However St. Rognvalds is an old establishment and there is not much that can be done until the new build is provided.'

Self assessment

The service manager submitted an updated self assessment at the beginning of the inspection year which made reference to things that the service did well and also things which the service could work towards improving.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

During the inspection we looked in detail at eight care plans for people using the service. They evidenced a good amount of person centred information. Plans were detailed and included clear instruction which would equip staff with information about how a person wanted to receive care.

Plans were well organised, logical and included information about the person and their life. Where appropriate they contained evidence of family/representative involvement.

Risk assessments were complete, reviewed and informative. Reviews were up to date and recorded in detail and where any changes had been agreed these were carried forward to the care plan in the appropriate section.

There were clear healthcare plans in place and information relating to specific health care needs. These included triggers for staff to be aware of where necessary.

There was information relating to how people might like to spend their time and activities that particularly interested them and evidence that this was taken into account. There was a plan for the month and activities were a focus for the daily handover sheet. Staff spoken with did indicate that staffing levels can sometimes restrict numbers that were able to go out, but the staff team were proactively considering ways that they could involve family members or volunteers that may be of assistance with this going forwards.

There was a clear accident and incident reporting system and evidence to support the fact that these were

regularly reviewed in order to identify patterns and take appropriate action as a result. This included assessing and collecting information relating to falls.

Medication systems were examined and the system was found to be in order. Records were clearly organised and accurate and there was evidence of staff competencies being regularly tested. We discussed better use of the Abbey pain scale for those lacking capacity.

Meal time experiences were observed in both wings during inspection and found to be good, well organised and to offered choice.

Not all staff appeared to fully understand textured diets and these foods were not always displayed well on the plate. **(See recommendation 1).**

Staff were observed to engage with people using the service in a respectful and warm way.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The manager/provider should ensure that all care and kitchen staff demonstrate good awareness and knowledge in respect to textured modification diets and the nutritional needs of older people. Their practice in relation to this should then be regularly assessed in order to ensure that they are competent and confident in their practice.

In doing this the following should be taken into account.

- Textured modification diets.
- Attractive presentation of meals in order to stimulate appetite.
- How the mealtime experience can be enhanced for older people.
- How best to assess the level of need a person may require in order to ensure that they are able to maintain their nutritional requirements while remaining as independent as possible.

National Care Standards, Care Homes for older people: Standard 13 - Eating well

Grade: 4 - good

Quality of environment

Findings from the inspection

The building was found to be large and bedroom accommodation was designed in the form of individual rooms off long corridors.

Bedrooms were generally well personalised and efforts had been made to ensure that facilities were in place to meet the needs of those being cared for.

Aspects of the environment had been addressed since the last inspection.

Signage was generally good throughout the building, taking into account restrictions caused by the current design. Toilets and bathrooms were well highlighted.

Efforts had been made to take into account the needs of those with dementia who were cared for by the service.

All bedrooms had their own individual pictorial signage on the door that was specific to the person.

There was attractive historical pictures displayed throughout the home of Orkney in the past. The décor was generally good taking into account the age of the building, though efforts should be made to continue to maintain the building adequately while preparing for the new build.

A well used communal area joining corridors had been laid with new flooring.

The building generally appeared to be clean and there were no obvious odours during the inspection.

There were up to date cleaning schedules and water monitoring records were all in order. Environmental risk assessments were in place and had been reviewed annually. Electrical equipment was tested regularly to ensure safe use.

Infection control procedures were in place and personal protective clothing was evident in areas where staff would be able to readily access it.

There was a well organised laundry facility.

Sluices were all kept locked and were appropriate to use.

There was a procedure in place for the reporting of maintenance issues and detailed records were kept of issues that needed to be dealt with and work that had been carried out.

An environmental audit was in place, however this had not been completed since October 2016. **(See recommendation 1).**

There were extensive garden grounds surrounding the home and secure areas on both sides of the home. In the centre was an enclosed garden area. The maintenance of the gardens needed attention in order to maximise the benefit that they could bring to the wellbeing of people using the service. **(See recommendation 2).**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The provider/manager should ensure the completion of the environmental audit on a regular basis in order to identify areas of concern, areas for development/improvement and areas where opportunities could present themselves. This is in order to maintain and improve outcomes for people who are using the care service.

National Care Standards, Care Homes for Older people: Standard 4 - Your environment.

2. The provider/manager should ensure that the garden grounds are regularly maintained and improved to maximise their potential for improving outcomes for those who are using the service.

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

Grade: 4 - good

Quality of staffing

Findings from the inspection

During the inspection staff were observed to engage with people using the service in a respectful and warm way.

We spoke with eight members of staff during the inspection, all staff spoken with were positive about their roles and demonstrated an awareness of their roles and responsibilities. Staff spoken with spoke positively about opportunities for training and confirmed that they had received supervision and or appraisal recently.

There was a new key worker structure in operation with the four senior social care workers being responsible for keyworking teams and supervision/appraisal of staff within their teams.

This new structure was still in the process of embedding and involved keyworking responsibilities being more structured than previously. This appeared to be organised and logical with direct lines of accountability being identified and a planned approach to development with staff taking on specific responsibilities within this.

Feedback from people using the service was generally good with regards to the overall quality of the service that the staff were providing to them.

One senior social care worker had taken on direct responsibility for managing induction and training. However she did not always have access to the information required to do this effectively and so it was difficult for her to monitor ongoing due dates. There was evidence of access to training, both practical, theoretical and elearning and an organised induction process.

Medication competencies were up to date and tested periodically.

There was a system for monitoring SSSC registration and qualification requirements.

There were a range of team meetings and minutes of these were viewed as part of the inspection. These

minutes contained detailed information, however did lack clear action plans identifying how items discussed could be carried forward. **(See recommendation 1).**

There was an embedded rota system utilising permanent and relief staff as necessary. There was a contingency plan in place for situations where staff absence required to be covered. Staff numbers during the inspection were as planned on the rota.

Staffing the building while taking into account not only total staff numbers but also individual need and building layout were positively discussed with the manager during the inspection process.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider/manager should ensure that there is an effective system in place to track staff training/induction requirements, completion and next due dates and that this is readily accessible to the person who is responsible for the management and planning of this training/induction.

National Care Standards, Care Homes for Older People: standard 5 - Management and staffing arrangements.

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

Feedback from staff, service users and carers/representatives in relation to the management and leadership of the service was generally good.

The communication systems within the home were well organised.

The manager met with senior care workers regularly to discuss any issues and ongoing workload.

The manager met with the senior management team regularly to escalate issues that were outstanding and to identify her own support and development needs.

There were regular meetings with the staff team, appropriate to their work area.

There were keyworker meetings, taking forward day to day issues, concerns and development opportunities.

There was a care dependency tool in use which was completed monthly, evaluated and reported on.

There had been family focus meetings which were going to have allocated themes for discussion, such as activities.

It had been identified at the previous meeting that a key time where staff numbers were under pressure was during handover times. Efforts were being made to identify how this could be addressed, taking into account the layout of the building and the needs of the people using the service.

There was an annual questionnaire for the service which was being sent to all service users/carers/representatives at the time of the inspection.

A 'roles and responsibilities of senior care workers' document had been developed and taken forward with the involvement of staff. Senior staff spoken with at inspection were knowledgeable and positive about their roles.

The manager was completing a coaching course as part of her own further development. There was a service improvement plan in place and audits were being carried out on a regular basis on documentation such as care planning.

Where staff meeting minutes had been documented and audits carried out there was not always an effective action plan in place indicating who was responsible for actions and what the time scale was for completion. This then made it difficult to always evidence improved outcomes for people using the service. **(See recommendation 1)**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider/manager should ensure that where any meetings and service audits take place, a constructive action plan is produced detailing the person responsible for any actions identified and the timescale for actions to be completed. This should then be evaluated as part of the service quality assurance cycle to ensure the effectiveness of any change in relation to improving the quality of the service being provided.

National Care Standards, Care Homes for Older People: Standard 5 – Management and staffing arrangements.

Grade: 4 – good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

Residents who need assistance with oral care should be assessed and a care plan should be developed to guide staff as to how to support the individual. Oral care should be recorded on a daily basis whether given or refused. This would help staff to know whether the resident needs specific help or to be referred to a health professional.

National Care Standards, Care Homes for Older People: Standard 13 – Eating well.

This recommendation was made on 24 October 2016.

Action taken on previous recommendation

During the inspection we looked at eight care plans selected at random and talked with both staff members and the manager. All care plans viewed contained an oral health risk assessment and review sheet indicating monthly review and daily reports indicating oral health needs. Oral health needs were detailed in personal care plans and there was also evidence of recent dental input and instruction passed on to staff in communication books and hand over sheets regarding oral health.

This recommendation has been met.

Recommendation 2

The dining experience for residents who live in St. Mary's should be improved.

- a) Residents should be helped to understand what food they can choose to eat. Menus should be available and/or staff should show residents an example of each choice at the meal.
- b) Residents should be offered a drink of choice with their meal.
- c) The dining table should be set attractively and residents should be able to have a cloth napkin so that they can keep their face and hands clean. We observed residents left with food on their face and clothes.
- d) Condiments should be available and offered at each meal.
- e) For all residents, meal times should be reviewed so that residents are not having breakfast at 11:00 am immediately followed by lunch at 12:00 pm. Residents' meals should be spaced at reasonable intervals throughout the day and at times that the resident would expect.
- f) Residents should be able to choose where they wish to eat. The dining room at St. Mary's was very busy and could be noisy which contributed to some residents' distress.
- g) Management should consider creating a meal coordinator who would be responsible for ensuring residents got the help they required at the right time so they got a hot meal when it was still warm. Also to try to create a pleasant dining experience for the residents.
- h) Fruit, finger food and snacks should be available for residents to access to help residents who have a poor

appetite get enough calories.

l) Crockery, table cloths, cutlery and drinking glasses should be chosen with care to look familiar and to be able to be seen by people with dementia.

National Care Standards, Care Homes for Older People: Standard 13 – Eating well.

This recommendation was made on 24 October 2016.

Action taken on previous recommendation

All aspects of this recommendation were considered during the inspection. Meal time experiences in both units were observed by us during the inspection. There had been significant improvement to areas highlighted in this recommendation. The recommendation was met. A further recommendation regarding other aspects of the mealtime experience has been made within this report.

Recommendation 3

Staff should be made aware of residents who may develop health complications, for example those whose diabetes is unstable. There should be a care plan that includes symptoms to be aware of and what to do if the person's health deteriorates.

National Care Standards, Care Homes for Older People: Standard 6 – Support arrangements.

This recommendation was made on 24 October 2016.

Action taken on previous recommendation

During the inspection eight care plans were picked at random to examine. There were clear health care input records within the files. One care plan file examined was for someone with a diagnosis of diabetes. There was a healthcare input document within the file, a clear diabetic care plan was also present which contained detailed person centred information, a 'signs of a hyppo' guide and a clear diabetic protocol. District Nurse notes were kept within these main files and there was clear evidence of good communication and handing over of relevant information. Staff spoken with had a good knowledge of where to find information when required and demonstrated a good understanding of healthcare conditions. This recommendation has been met.

Recommendation 4

Medication arrangements should improve.

a) There should be a care plan for residents who are on 'as required' medicine for pain and emotional distress. The maximum dose in 24 hours should be on medicine administration record (MAR). The effectiveness of 'as required' medicine should be recorded. Staff should only record when 'as required' medicines have been given. This results in a more straightforward audit.

b) There should be a body chart and guidance about application for residents who are prescribed topical medicine.

c) Medication should continue to be regularly audited to try and remedy errors.

National Care Standards, Care Homes for Older People: Standard 15 – Keeping well – Medication.

This recommendation was made on 24 October 2016.

Action taken on previous recommendation

Medication systems were examined as part of the inspection. All of the above aspects of managing medication had been addressed and medicine records were found to be well completed and accurate. This recommendation has been met.

Recommendation 5

The service should provide activities that take account of each person's ability, needs and preferences to ensure that there is activity provision suitable for all who use the service. Individual life story, preferences, needs and abilities should be taken account of to inform person centred activities, support, and improve the provision of activity that is meaningful for all people using the service.

Consideration should be given to leadership and training to improve delivery of this essential part of the care service.

National Care Standards, Care Homes for Older People: Standard 12 – Lifestyle.

This recommendation was made on 24 October 2016.

Action taken on previous recommendation

During the inspection, activities within the home were considered. There was a clear activities plan in place for April, there was evidence to suggest that a number of activities had taken place over recent time including some organised activities that were designed specifically for those with dementia. There was an individual activities assessment completed in the care plans that were examined at inspection. Two members of staff had attended a cognitive stimulation course. Staff spoken with had a good knowledge of the value of activities and activities were a key area that had to be reported on daily in the handover sheet. Consideration was being given to how to further develop activities taking into consideration how relatives/carers and volunteers could further extend the options for activity and become further involved. It was clear that the need for meaningful activity throughout the service provision was understood. This recommendation has been met.

Recommendation 6

It is recommended that improvements are made to the environment to promote orientation and mobility round the home.

- a) Toilet signs should be able to be seen from all areas. They should be clear, have words and picture or symbol and be at the right height.
- b) More use could be made of pictures/objects and/or colours to assist residents with dementia to find their way around.
- c) Pictures on bedroom doors need attention. Staff should ensure that residents who need a personalised door have an attractive clear picture that the resident can identify with.
- d) Orientation boards should be easy to read, nice looking and kept up to date.
- e) Light bulbs should be replaced when not working. The light levels of the corridors should be assessed to ensure that they are bright enough for the residents. Light switches could be made more visible to residents by having a contrasting border.

- f) Management and staff should consider how to make it easier for residents to negotiate long corridors.
- g) Photographs and artwork should be of a size that is easy to see and at the right height.
- h) Gardens could be designed to encourage engagement and activity for example raised beds, points of interest and sheltered seating areas.
- i) Ensure that residents and relatives know they can request blackout curtains to support normal sleep and wake patterns.

National Care Standards, Care Homes for Older People: Standard 4 – Your environment.

This recommendation was made on 24 October 2016.

Action taken on previous recommendation

All aspects of this recommendation were considered as part of the inspection and in general were found to have been met. This recommendation has been met. A further recommendation regarding aspects of the environment has been made within this report.

Recommendation 7

Improvements should be made to the environment to promote continence and personal hygiene.

- a) Consideration could be given to having all toilet doors in the same distinctive colour to enable residents to find them more easily.
- b) Contrasting toilet seats, flush handles and rails would make them more visible to those with dementia.
- c) Traditional and familiar designs of basins, taps and toilet flushes help to ease anxiety and promote self care. We found basins that were very small that could easily overflow.
- d) Toilet rolls should be able to be easily reached and familiar in style.
- e) Suitable equipment for hand washing should be available in each toilet.

National Care Standards, Care Homes for Older People: Standard 4 – Your environment.

This recommendation was made on 24 October 2016.

Action taken on previous recommendation

All aspects of this recommendation were examined as part of this inspection and efforts had been generally made to meet the needs of people using the service, including those with dementia. A further recommendation has been made in relation to this area in this report.

Recommendation 8

It is recommended that management ensure that the care home décor is kept clean and fresh and free from unwanted smells. Damage to walls and doors should be repaired and decoration regularly renewed. Carpets and fabrics should be free of stains.

National Care Standards, Care Homes for Older People: Standard 4 – Your environment.

This recommendation was made on 24 October 2016.

Action taken on previous recommendation

All aspects of this recommendation were examined as part of this inspection and were found to have generally been addressed. This recommendation has been met. A further recommendation has been made in relation to the environment in this report.

Recommendation 9

Management should ensure as much as possible that residents are safe from being scalded through hot water from the taps that they use. The temperature should be regularly tested to check that the thermostatic mixer valve is working. Staff should check bath and shower water with a thermometer before a resident uses the water.

This recommendation was made on 24 October 2016.

Action taken on previous recommendation

Aspects raised in this recommendation were found to have been addressed at this inspection. This recommendation has been met.

Recommendation 10

Management should use a suitable assessment tool to help assess the dependency of each resident and their need for staff intervention. A copy of this assessment should be in each residents care plan to inform the direct care hours for the individual.

The assessment should help to determine minimum staffing levels and deployment of staff over a four week period. Account should be taken of the physical layout of the building, the aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all residents and the supervision and training needs of staff.

National Care Standards, Care Homes for Older people: Standard 5 – Management and staffing arrangements.

This recommendation was made on 24 October 2016.

Action taken on previous recommendation

A dependency tool was found to be in use which was being used to run a regular report that informed staffing levels within the service, this took into account not only physical but also psychological needs. Positive discussion was also held at inspection regarding the need to consider this issue not only on the basis of numbers of staff but also in terms of service user needs and the building layout. This recommendation has been met.

Recommendation 11

Management should provide suitable induction to prepare staff for their role. Staff's understanding and ability to apply the training should be evaluated so that any issues can be addressed and staff supported to be competent in their role.

National Care Standards, Care Homes for Older People: Standard 5 – Management and staffing arrangements.

This recommendation was made on 24 October 2016.

Action taken on previous recommendation

A suitable induction programme was being used at the time of this inspection. A further recommendation regarding on-going staff training has been made within this report. The recommendation has been met.

Recommendation 12

It is recommended that the manager ensure there are effective quality assurance systems and processes in place to assess and improve the quality of service on a regular basis. For audits to be effective management should develop action plans of specific actions required to improve the service. The action plans should have timescales and be monitored to ensure they are carried out and the service improved.

National Care Standards, Care Homes for Older People: Standard 5 – Management and staffing.

This recommendation was made on 24 October 2016.

Action taken on previous recommendation

Effective audits were found to be in place. A further recommendation was made in this report with regard to action planning and evaluation. The recommendation has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
16 Sep 2016	Unannounced	Care and support	3 – Adequate
		Environment	3 – Adequate
		Staffing	4 – Good
		Management and leadership	3 – Adequate
17 Mar 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
17 Dec 2015	Unannounced	Care and support	3 – Adequate

Date	Type	Gradings	
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
2 Dec 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
16 Jan 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	4 - Good
11 Jul 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
23 Jan 2013	Unannounced	Care and support	Not assessed
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	Not assessed
17 May 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
25 Jan 2012	Unannounced	Care and support	2 - Weak
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
4 May 2011	Unannounced	Care and support	2 - Weak
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	2 - Weak
17 Dec 2010	Unannounced	Care and support	4 - Good

Date	Type	Gradings	
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
16 Sep 2010	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	4 - Good
23 Feb 2010	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
2 Oct 2009	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
11 Mar 2009	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
9 Jun 2008	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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