

Intermediate Care & Enablement Service (ICES) Housing Support Service

Kirklandside Hospital
Hurlford
Kilmarnock
KA1 5LH

Telephone: 01563 507955

Type of inspection: Unannounced
Inspection completed on: 22 March 2018

Service provided by:
East Ayrshire Council

Service provider number:
SP2003000142

Care service number:
CS2003052727

About the service

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The Intermediate Care Team - East (ICT) are part of the East Ayrshire Health and Social Care Partnership and are registered to provide a combined Support Service - Care at Home and a Housing Support Service.

The service was, until recently called Integrated Care and Enablement Services (ICES) and also provided a home from hospital service. This changed last year and the home from hospital part of the service is now covered under a separate registration.

The main office base is at the Kirklandside hospital with further bases/teams at Cumnock, Ayr and Crosshouse hospitals.

The Intermediate Care Team is a multi-disciplinary team made up of professionals from health and social care. The aim of the service is to provide short-term input (a 6 week pathway) that will:

- help prevent hospital admissions unnecessarily
- return home sooner following hospital admission
- help increase safety and independence following illness/injury.

The service also supports calls for assistance from people using the community alarm system, which can include delivering aspects of personal care. There is a separate team of support staff employed as emergency responders for this part of the service.

What people told us

We spoke to four people using the service over the phone and visited five people in their own homes also meeting with two relatives of people using the service.

We also received 23 completed care standard questionnaires.

We observed that staff were respectful, compassionate and kind whilst supporting individuals to be as independent as possible.

Whilst we had some good feedback about the staff and support provided, there were also some areas where people felt the service was not meeting their needs and required improving. We have included some of the feedback to support our evaluation of the service.

Staff need to remember that they are a guest in the service users home.

Majority of carers are very good but they do not have enough time at each client and bear the brunt of reorganisations within the department.

Carers not turning up at the weekend was an issue on two occasions.

Doesn't seem to be any communication between different departments within the team.
Enablement service good in theory but has to be managed correctly.

Biggest problem I have is the time I have to wait on the ALERT coming out if I call them.
Not enough time for carers to carry out tasks. Carers are scared to go over time in case they get into trouble.

Communication is poor.
The carers themselves are great.
The service I received met all my needs, all staff treated me with respect and kindness.
Staff not allowed to cook only reheat in microwave.
Staff do not have enough time
Get different levels of support depending on who comes in, I'm not sure exactly what the carers are supposed to do while they are here.
Too much of new staff who are not trained properly and thrown in at the deep end.
Have to tell them too often of routine and requirements
They let you do things for yourself but are there as a support if needed.
Personal care times in morning not long enough.
Sometimes carers don't wait for their double ups, only one attends sometimes which could affect my care and safety.

Some of the feedback we gained was contradictory and may reflect a difference in views about the two different parts of the service (community alarms and support at home). Lots of people we spoke to told us that support staff were respectful, kind and caring and they were able to build good relationships with them.

The managers acknowledged that there had historically been some negative feedback about the community alarms service which they are trying to address.

We have taken account of the views of people using the service and their relatives when commenting on each of the quality themes.

Self assessment

The Care Inspectorate has not requested services to complete a self assessment for this inspection year. We looked at the services own improvement plan and quality assurance paperwork to demonstrate their priorities for development and how they were monitoring the quality of the provision within the service.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

We found that the service continued to be performing at an adequate level in relation to the quality of care and support.

People should be provided with relevant information about the service they are using so that they know what to expect, how the service will support them, who to contact if they are not happy with something and restrictions to the service such as timescales or eligibility criteria. Whilst we saw that progress has been made in terms of putting together a new information leaflet (for the ICT part of the service), this remains an area for development. Part of this also relates to the agreement of support times for individuals as this is not currently made explicit so people do not always know exactly when their support staff will arrive or how long they will stay for. We acknowledged that whilst this also allowed for increased flexibility of support, better communication and clarity around support times is required, including these being documented within the support plan.

Whilst we saw that an exit questionnaire had been recently introduced for people were moving on from the intermediate care part of the service, there was nothing in place for those currently using the service or for those using the community alarms part of the service. This is an ongoing area for improvement.

We saw that the home support service was able to respond quickly to changing needs and It was good to hear examples of support being provided flexibly to meet the varying needs of people using the service.

We found that there was a lot of repetition within paperwork systems and there continued to be a lack of detailed information on the support needs of individuals and tasks to be undertaken by support staff.

The service as a whole continues to be disjointed and would benefit from improved team working and joined up processes between the health and social care teams. More joined up team working would help support improved outcomes for people using the service.

This would include joint working to develop support plans and identify specific goals as well as providing clear information on how people can then be supported to achieve these goals.

We made one requirement and five recommendations in the last inspection report in relation to the quality of care and support. Whilst the service has not met any of these, we have amended the requirements and recommendations in this report to take account of where progress has been made and to support the service focus on the developments that need to be a priority moving forward.

Requirements

Number of requirements: 1

1. To support a cohesive approach to an individual's care and support, the provider must ensure that there is a coordinated care plan process in place which is fully accessible throughout the whole team (both health and social care staff) with input from all involved in their support. This should also include details about the current needs and preferences of each person with clear guidance for staff on how these needs should met.

This is in order to comply with The Public Services Reform (Scotland) Act 2010 (Requirements for Care Services) Order SSI 2011/210 4(1)(a) Welfare of users and 5 (1) (c) Personal Plans

And

National Care Standards for care at home – Standard 3: Your personal plan.

Timescale: within three months on publication of this report.

Recommendations

Number of recommendations: 3

1. The provider should develop an introductory pack with a written agreement in accordance with the National Care Standards.

National Care Standards for care at home – Standard 1: Informing and deciding and Standard 2: The written agreement.

2. To enable participation and involvement in the service they receive, the provider should continue to develop the methods used to consult with people about the operation of the service and their own personal care and support.

The service should also ensure the collation, analysis and dissemination of feedback received to support transparency of the service, evidence action taken to address issues raised and celebration/sharing of positive feedback

National Care Standards for care at home – Standard 11: Expressing your views.

3. In order to provide a good quality, consistent service, the manager should review the referral criteria and information sharing processes to ensure sufficient appropriate and necessary information is received to support care planning.

National Care Standards for care at home – Standard 5: Management and staffing.

Grade: 3 – adequate

Quality of staffing

Findings from the inspection

We found that the service was performing at an adequate level in relation to the quality of staffing. We received some mixed feedback about the staff but overall people told us that they were happy with the staff that supported them, and that they felt they were treated with dignity and respect.

We observed staffs practice supporting people at home (not community alarms) and found that interactions were sympathetic, compassionate and kind. Staff that we spoke to appeared motivated to provide a good level of support and keen to develop their skills and knowledge.

The service needs to develop a training plan based on a training needs analysis to ensure that training offered reflects the role they staff employed to undertake and the needs of people they are supporting. Staff in the community alarms teams are employed as emergency responders and training should reflect the type of incidents they are being expected to respond to and prepare them for what they may encounter. The support workers are part of rehabilitation and enablement focussed team and so require specific training to undertake this role and work in conjunction with guidance and advice from associated health professionals in the team.

At present it is not functioning as a joined up service and this needs to improve to ensure better outcomes for people using the service. Whilst we saw that there have been some efforts made to improve this, such as

support staff shadowing health professionals and some better information sharing practices beginning, this is not sufficient and remains an ongoing area for improvement in the service as a whole.

The requirement made around team working at the last inspection still stands and links with the updated requirement in theme one relating to joined up working in support planning. We have also incorporated one of the previous recommendations into this requirement.

It was good to see that the homecare manager had begun the process of trying to ensure all staff had one to one supervision despite the lack of management presence within the service over the past year and had tried to maintain team meetings to promote team working and the personal and professional development of staff.

Requirements

Number of requirements: 2

1. The provider must ensure they address issues with staff morale, communication issues and team working amongst all staff to improve the culture within the ICT team, this includes the staff and management team addressing matters hindering teamwork to ensure that the service continues to be delivered by a well motivated, professional and cohesive team.

This is in order to comply with The Public Services Reform (Scotland) Act 2010 (Requirements for Care Services) Order SSI 2011/210 Regulation 4(1)(a) - a provider must make proper provision for the health, welfare and safety of service users; and

SSI 2011/210 Regulation 15(b)(i) Staffing a requirement to ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform

And

National Care Standards for care at home - Standard 4: Management and staffing arrangements.

Timescale: within six months on publication of this report.

2. To enable staff to provide the best possible support, the provider must ensure that training is provided that reflects best practice and individual service user needs including (but not limited to) whistleblowing, Adult Support and Protection, food hygiene, care planning, Promoting Excellence Framework (dementia), infection control, first aid, falls management, neurological conditions and pressure relief.

This also includes ensuring all staff have an appropriate level of induction, development opportunities and refresher training.

This is in order to comply with The Public Services Reform (Scotland) Act 2010 (Requirements for Care Services) Order SSI 2011/210 Regulation 4(1)(a) - a provider must make proper provision for the health, welfare and safety of service users; and Regulation 15(a) Staffing - a requirement to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users; and SSI 2011/210 Regulation 15(b)(i) Staffing - a requirement to ensure that persons employed in the provision of the care service receive appropriate training appropriate to the work they are to perform

and

National Care Standards for care at home - Standard 4: Management and leadership.

Timescale: within six months on publication of this report.

Recommendations

Number of recommendations: 2

1. To support the personal and professional development of staff, the manager should ensure that supervision and appraisals are undertaken as per the organisations policy. The manager should also ensure that the quality and content of these is consistent and evidences discussion of relevant areas including the planning and reviewing of actions to be taken forward.

National Care Standards for care at home - Standard 4: Management and staffing.

2. The manager should use the Promoting Excellence framework, Scottish Government 2011 to support development and ensure that staff have the necessary knowledge and skills to meet the needs of people with dementia.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangement, and Promoting Excellence framework, Scottish Government 2011.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

We found the service to be performing at an adequate level in relation to the management and leadership of the service.

There have been a number of management changes since the last inspection and the service has been without a registered manager for some time. Due to other circumstances there has been a general lack of management presence in the service as a whole which has impacted on the opportunity for improvements to have taken place.

We noted that the service had not been making notifications as required to inform of changes, accidents and incidents in the service. We discussed this with the new service manager who began to address this during the course of the inspection.

We were reassured by our conversations with the new managers that they were aware of where the service needed to improve and had started to try to move this forward to address the outstanding requirements and recommendations. We saw that there were some action plans in place to address individual issues and we discussed the need for a service development plan to draw together information from various sources such as feedback methods, regulatory activity and quality assurance processes. This would help the service demonstrate their priorities for development and evidence how they were monitoring the quality of the provision within the service.

It was good to see that the homecare manager was promoting leadership within the staff team and supporting other senior staff to undertake quality assurance tasks such as monitoring visits/spot checks. Whilst this was good to see, the time taken to support with this and lack of additional management support has meant that some of these tasks have not been undertaken regularly. It was discussed that additional work still needs to be

completed to ensure that there is a comprehensive and robust system in place for assessing quality within all aspect of the service. This will support improvement and development of the service and lead to improved outcomes for people using it. Particular attention needs to be paid to the community alarms part of the service as it is acknowledged that there are a number of dissatisfied customers and operational issues that require to be addressed.

Requirements

Number of requirements: 1

1. The provider must review quality assurance systems and processes to ensure there is a robust quality assurance system in place that is undertaken regularly and that management and leadership within the service is improved. This includes having a quality assurance policy in place that details the ways in quality is assessed/monitored, how often this should happen and who is responsible for completing the tasks.

Managers and seniors must have a clear overview of the different elements of the service. This includes but is not limited to review and monitoring and auditing of care plans, medication audits, feedback systems, review of staff practice, supervisions and training, feedback monitoring systems, action planning and risk assessments.

This is in order to comply with: The Public Services Reform (Scotland) Act 2010 (Requirements for Care Services) Order and SSI 2011/210 Regulation 3 - Principles. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them and SSI 2011/210 Regulation 4 (1) (a) welfare of service users.

Timescale for implementation: within six months on publication of this report

Recommendations

Number of recommendations: 1

1. The manager should ensure that there is a service development plan in place. This should be informed by feedback from people using the service, relatives, stakeholder, staffs and quality assurance processes.

National Care Standards for care at home - Standard 4: Management and staffing arrangements.

Grade: 3 - adequate

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

Previous requirements

Requirement 1

The provider must improve the quality of training for staff to include risk assessments and care planning, including medication administration, for all service users to reflect their current needs and outcomes in accordance with best practice guidance with evidence on how service user needs are being consistently developed through the plan, and is being followed on a daily basis.

This is in order to comply with The Public Services Reform (Scotland) Act 2010 (Requirements for Care Services) Order SSI 2011/210 4(1)(a) Welfare of users and 5 (1) (c) Personal Plans

Timescale: within three months on publication of this report.

This requirement was made on 17 May 2017.

Action taken on previous requirement

We saw that some training opportunities had been provided but additional work was still required in order for staff to be provided with the skills required to competently undertake their role.

Not met

Requirement 2

The provider must ensure they address issues with staff moral, communication issues and team working amongst all staff to improve the culture within the ICES team staff and ensure appropriate support and training is implemented and undertaken by staff to improve practice and benefit service users.

This is in order to comply with The Public Services Reform (Scotland) Act 2010 (Requirements for Care Services) Order SSI 2011/210 Regulation 4(1)(a) – a provider must make proper provision for the health, welfare and safety of service users; and

SSI 2011/210 Regulation 15(b)(i) Staffing a requirement to ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform and National Care Standards for care at home – Standard 4: Management and leadership

Timescale: within six months on publication of this report.

This requirement was made on 17 May 2017.

Action taken on previous requirement

Some work has been done to try and encourage team working but this has been minimal and the absence of a full management team has not supported development in this area.

Not met

Requirement 3

The provider must ensure that all staff receive the appropriate level of induction, refresher and developmental training to provide them with the skills to meet the needs of service users. This training must link to staff supervision and appraisal and address but should not be limited to:

- health and safety
- moving and handling training
- adult support and protection training
- infection control
- food hygiene
- lone working
- care planning and record keeping
- medication.

This is in order to comply with The Public Services Reform (Scotland) Act 2010 (Requirements for Care Services) Order SSI 2011/210 Regulation 4(1)(a) - a provider must make proper provision for the health, welfare and safety of service users; and Regulation 15(a) Staffing - a requirement to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users; and SSI 2011/210 Regulation 15(b)(i) Staffing - a requirement to ensure that persons employed in the provision of the care service receive appropriate training appropriate to the work they are to perform and National Care Standards for care at home - Standard 4: Management and leadership.

Timescale: within six months on publication of this report.

This requirement was made on 17 May 2017.

Action taken on previous requirement

We did not see where any inductions had taken place (no new staff) to assess improvements in this area. Training and supervision continue to be areas for development in the service and whilst this requirement has not been met, we have amalgamated it with another requirement to support the focus of the service and the findings from this inspection.

Not met

Requirement 4

The provider must review quality assurance systems and processes to ensure management and leadership within the service is improved to enhance the quality of this service. Managers and seniors must have a clear overview of the different elements of the service and ensure that staff are aware of their roles and responsibilities, that systems and routines are person-centred, efficient and effective and there are strong leadership values promoted throughout the staff group. This includes but is not limited to review and monitoring and auditing of care plans, medication audits, feedback systems, review of staff practice, supervision and training, feedback monitoring systems, action planning and risk assessments.

This is in order to comply with: The Public Services Reform (Scotland) Act 2010 (Requirements for Care Services) Order and SSI 2011/210 Regulation 3 - Principles. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them and SSI 2011/210 Regulation 4 (1) (a) welfare of service users.

Timescale for implementation: within six months on publication of this report.

This requirement was made on 17 May 2017.

Action taken on previous requirement

The lack of a full management team has hindered progress in this area. We saw that there had been work undertaken to try to continue the spot check system and support other senior staff to gain the skills to undertake these.

Overall quality assurance processes need to be improved across all areas of the service and this requirement has been repeated in this report.

Not met

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

Previous recommendations

Recommendation 1

The provider should develop an introductory pack with a written agreement in accordance with the National Care Standards.

National Care Standards for care at home – Standard 1: Informing and deciding and Standard 2: The written agreement.

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

We saw and gave feedback on a draft version of a new leaflet for the service (not including community alarms). we did not see any additional work to meet this recommendation so it has been repeated in this report.

Not met

Recommendation 2

The personal plan should reflect details of the current needs and preferences of each resident and clearly set out how they will be met.

National Care Standards for care at home – Standard 3: Your personal plan.

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

This remains an ongoing area for development and has not been met. We have incorporated this recommendation into other requirements and recommendations made in this report.

Recommendation 3

Use of appropriate best practice guidance relating to recruitment should be implemented and followed within the recruitment policy.

National Care Standards for care at home – Standard 4: Management and staffing.

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

We did not see any additional recruitment for the service so were unable to assess progress in this area. The recommendation will not be repeated unless we have further cause for concern that best practice is not being followed.

Met

Recommendation 4

The staff and management team should address matters hindering teamwork to ensure that the service continues to be delivered by a well motivated, professional and cohesive team.

National Care Standards for care at home – Standard 4: Management and staffing arrangements.

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

This remains an ongoing area for development and has not been met. We have incorporated this recommendation into other requirements and recommendations made in this report.

Recommendation 5

Staff should ensure that they submit applications to register as professional workers at the appropriate time with the Scottish Social Services Council (SSSC). The manager should collate information of eligibility to register and monitor that staff undertake this process as required.

National Care Standards for care at home – Standard 4: Management and staffing arrangements.

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

There was no evidence that applications have not been submitted as required therefore this recommendation is met.

Recommendation 6

The provider should use the Promoting Excellence framework, Scottish Government 2011 to review staff training and development to ensure that staff have the necessary knowledge and skills to meet the needs of people with dementia. This should include training at skilled and enhanced level for all staff working directly with residents.

National Care Standards, care homes for older people – Standard 5: Management and staffing arrangement, and Promoting Excellence framework, Scottish Government 2011.

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

This remains an ongoing area for development and has not been met. We have incorporated this recommendation into other requirements and recommendations made in this report.

Recommendation 7

Appropriate information should be available to support staff in how to perform their duties to promote the safety and wellbeing of residents.

National Care Standards for care at home – Standard 4: Management and staffing arrangements.

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

This remains an ongoing area for development and has not been met. We have incorporated this recommendation into other requirements and recommendations made in this report.

Recommendation 8

The provider should continue to develop the methods used to consult with people who used the service about the operation of the service and their own personal care and support.

National Care Standards for care at home – Standard 11: Expressing your views.

This recommendation was made on 17 May 2017.

Action taken on previous recommendation

This remains an ongoing area for development and has not been met. We have incorporated this recommendation into other requirements and recommendations made in this report.

Recommendation 9

The service should review referral criteria to ensure appropriate and necessary information is received to support care planning to provide a quality service. Awareness and understanding of best practice guidance from Mental Welfare Commission should be integrated into how staff practice to support service users. This includes awareness of aspects of restraint, Adults with Incapacity, Power of Attorney and appropriate consent.

National Care Standards for care at home – Standard 5: Management and staffing.

This recommendation was made on 17 May 2017.

Action taken on previous recommendation

This remains an ongoing area for development and has not been met. We have incorporated this recommendation into other requirements and recommendations made in this report.

Recommendation 10

Training relevant to staff practice and individual service user needs including whistleblowing, Adult Support and Protection, nutrition, falls, Promoting Excellence Framework (dementia), diabetes, falls management, neurological conditions, pressure relief should be provided to staff to support outcomes for service users.

National Care Standards for care at home – Standard 5: Management and staffing.

This recommendation was made on 17 May 2017.

Action taken on previous recommendation

This remains an ongoing area for development and has not been met. We have incorporated this recommendation into other requirements and recommendations made in this report.

Recommendation 11

Staff should receive regular planned supervision which is reflective of practice to continue to improve outcomes for service users. This supervision should evidence that staff practice is being monitored and how it links to individual training and development plans.

National Care Standards for care at home - Standard 4: Management and staffing.

This recommendation was made on 17 May 2017.

Action taken on previous recommendation

This remains an ongoing area for development and has not been met. We have incorporated this recommendation into other requirements and recommendations made in this report.

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
10 Feb 2017	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 2 - Weak Management and leadership 3 - Adequate
3 Feb 2016	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 4 - Good

Date	Type	Gradings	
		Management and leadership	4 - Good
21 Nov 2014	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	6 - Excellent
29 Oct 2013	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
22 Jan 2013	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate
16 Mar 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
1 Sep 2010	Announced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
9 Sep 2009	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
23 Sep 2008	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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