

Annfield House Care Home Service

58 Annfield Gardens
Stirling
FK8 2BJ

Telephone: 01786 451122

Type of inspection: Unannounced
Inspection completed on: 17 April 2018

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Care service number:
CS2011300632

About the service

Annfield House Care Home is registered to provide a care home service to 50 older adults and is based within a small pleasant residential area of Stirling. The care home provider is HC- One. The management structure for HC-One has changed since the start of this year, with new posts created for both an Area Director and Area Quality Director. A new manager has also taken up post for Annfield house who commenced mid-March 2018.

The accommodation is provided over three floors of the building with two bedrooms in the basement level of the home that are used primarily for respite provision. Bedrooms are single and have a variety of en-suite facilities. There are a range of communal areas which can be used by residents and their visitors throughout the care home. There is a patio area with seating and tables to the rear of the building which is accessed from the dining room on the ground floor and there is a small parking area to the front of the building.

The home is participating in the Caring About Physical Activity (CAPA) programme that has been introduced, monitored and supported by the Care Inspectorate. The service is supported to encourage the physical wellbeing of people by promoting and facilitating a range of physical activity that is achievable for people alongside increasing and maintaining their independence.

The home has a mini bus that is used for outings for the residents which take place approximately once a week.

What people told us

Prior to our inspection, we sent out 16 questionnaires to both residents and relatives for their feedback. We received eight returned forms from relatives. The majority of comments we received from people were positive, a selection of which are highlighted as follows:

"I visit regularly and continually see staff striving to meet the needs of residents and to make sure they can enjoy their time in the best way they can."

"I notice staff have a good rapport with the residents, nothing appears too much for any of the staff who are always polite, cheery and very approachable."

"My husband is treated with dignity and respect at all times"

"As a family we are very pleased and highly satisfied with the extremely high standard of care provided for our mother."

Relatives that we spoke with during our inspection again were all mainly positive, stating that staff were kind, approachable and were happy with the social activities that were offered to people and encouragement in this area. One family member we spoke with was unhappy with some aspects of care her relative received and we followed this up during our inspection.

Self assessment

We no longer ask services to submit a self-assessment. Instead, we look at the development and improvement plan that the service holds. We saw some areas the service had identified for improvement and we discussed in full our own findings to be focussed on for the future. These will be addressed fully in this report.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	5 - Very Good
Quality of staffing	4 - Good
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

We considered a sample of care plans for residents. Some areas of these were recorded well and it was clear to us when further advice was sought from the general practitioner (GP) when necessary. We saw good monitoring and recording for a resident with diabetes. However, other areas needed to improve, for example the recording of wound care plans, some of which had not been fully completed. Changes to dressings were not always in accordance with the time span specified. Medication overall was recorded well, however we did not see evidence of people receiving their applications of prescribed creams. This needs to improve to ensure that existing skin conditions improve and prevents skin breakdown.

We saw that people were weighed regularly and that there was appropriate referrals made to the dietician, ensuring nutritional needs were being met. We did observe however, that during meal times some people who needed assistance were waiting for this longer than they should for a staff member to become available. Although we saw drinks in lounges for residents to access, we did not see people being actively encouraged to drink and there were long periods of time where drinks that people did have were not being drunk. We did see drinks in some residents' rooms but others we did not. Fluid charts were not always fully completed. We have made suggestions to the service on how this can be improved and monitored as hydration is essential to promote good health, and in particular, when infection is present.

We noted that information held regarding end of life care for one person from our sample was well recorded and considered the wishes of the resident and family and detailed what medical care was being provided. We also noted that reviews of residents' care were all carried out within the required timescales and these were detailed well. We could clearly see from these any changes to care and actions to be taken that was of benefit to people.

Regular meaningful activity was provided to people both in groups and individually. It was pleasing to see that previous professions for people were taken into account and how this could continue, for example gardening and flower arranging. We also heard that light physical activity was promoted throughout the home that was fully enjoyed by residents taking part.

Requirements

Number of requirements: 3

1. In order to ensure that people get the medication they need, the service must

(a) ensure people receive prescribed creams and that these are recorded accurately and in accordance with the directions.

(b) ensure all medication should be accurately transferred to the new medication recording sheets each cycle without delays.

(c) ensure checks should be undertaken in between changes for pain relief patches to ensure these remain in place.

This is in order to comply with Regulation 210: of the Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents and

This requirement also takes into account the following Health an Social Care Standard:

1.24 "Any treatment or intervention that I experience is safe and effective."

Timescale: To commence without delay and to be in place no later than 30 June 2018

2. In order to ensure the approach to skin care improves, the provider should evidence that

(a) Care plans should clearly evidence what treatment is in place from the start of the treatment until the wound has healed and dressing changes must be in accordance with what is stipulated in the care plan.

(b) Re-position charts must clearly evidence this is being undertaken with the required time period

(c) All alleviating equipment should be provided to people who need this without delay.

This is in order to comply with The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations, SSI 2011/210 regulation 4(1)(a (1) A provider must - make proper provision for the health, welfare and safety of residents

This requirement also takes into account the following Health and Social Care Standards:

1.15 - My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices

1.19 - My care and support meets my needs and is right for me and

1.24 - Any treatment or intervention that I experience is safe and effective.

Timescale: To commence without delay and to be in place by no later than 30 June 2018

3. The provider must ensure that at all times residents have sufficient daily fluid intake to meet their health care needs. In order to achieve this, the provider must:

- (i) ensure that fluid balance charts are completed correctly and accurately.
- (ii) ensure that there is documented evidence within care planning on action taken when residents are not achieving their targeted daily fluid requirements.
- (iii) ensure that staff have a clear understanding about effective hydration for residents, and can demonstrate this through monitoring practice.

This is in order to comply with: This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users.

This requirement also takes into account the following Health and Social Care Standards:

1.15 - My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices

1.19 - My care and support meets my needs and is right for me and

1.24 - I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

Timescale: To commence without delay and to be in place no later than 30 June 2018

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of environment

Findings from the inspection

We found the environment to be bright, cheerful and very clean with lots of natural light in the main lounge areas. There was a good selection of seating for people. Dining room areas were also pleasant with enough areas for both staff and residents to safely move around in. We suggested menus be displayed more prominently in dining rooms for residents and to consider pictorial signage where appropriate. This would assist people with both sensory and cognitive impairments. The atmosphere of the home was calm and free from obtrusive noise.

We looked at records held by the service relating to all required health and safety checks. This included electrical and gas testing, alongside the maintenance checks for equipment used by people. All of these were in good order within the recommended timescales.

The security of the building was also of the required standard, with entrance being via a controlled entry and visitors were required to sign in and out. This promoted security for both the residents and visitors.

Residents rooms were well maintained, and each were personalised with some people using their own furnishings. Signage was in place for communal areas and bathrooms. Care had been taken to look at décor and contrasting colours, as well as in shared bathrooms so that people living with dementia were better orientated.

The home has pleasant enclosed grounds for residents to enjoy with a variety of garden furniture. We heard that residents are encouraged with planting and gardening tasks, this ensured people who enjoyed this did not lose these skills.

We suggested to the service that an inventory be kept of all appliances held by the service that had been electrically tested, as well as a list of all equipment being maintained.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 – very good

Quality of staffing

Findings from the inspection

We observed staff interacting with residents, this was carried out in a caring, responsive and respectful manner. We noted that when staff were assisting with mobilising residents using equipment, this was carried out efficiently whilst offering reassurance to people during and after the process. This helped promote confidence and security for residents. A comment in a returned questionnaire by a relative also shared this view and stated "The staff are very professional in carrying out their duties and are genuinely caring and dedicated to providing high quality service to meet the needs of the residents."

Staff that we spoke with were knowledgeable with regard to the needs of residents, for example we heard of how sitting and chatting with one resident distracted them from distress. However, we also heard how due to other staff duties this was not always possible to do and staff advised some people would benefit from longer periods of time being spent with them. We also noted that there were long periods of time in lounges whereby there were no staff presence, some people were sitting in wheelchairs longer than they should before being transferred to comfortable seating. In discussion with staff we heard that they were busy attending to others and we concluded from this that staff were at times stretched in terms of the division of work they had to undertake and therefore their ability. This was our findings throughout the home, however was more prevalent on the second floor.

We saw that staff had been recruited using all the guidelines for safer recruitment, ensuring those who were offered posts had all backgrounds checks and references undertaken. Staff were also supported with obtaining required qualifications as part of their registration with the Scottish Social Services Council (SSSC). This process ensures care delivery is undertaken by skilled and competent staff.

The majority of mandatory training in place had been undertaken, a small amount of people were still to undertake some aspects of this, we will address this further in management in leadership, alongside how improvements can be made for the induction process for all new staff.

Staff had undertaken the provider training dementia modules, however over half the staff still had to complete the final part of this consolidating their learning. We also heard that sessions for staff had just commenced from a health care professional regarding various training modules. Going forward, this will ensure that staff have the necessary skills to support people, as currently this is an area that staff have asked for further support with. We also are in agreement that this is an area of support for people that needs to improve. We have discussed this further under management and leadership.

In summary, we observed that staff are hardworking and have the residents care at the centre of what they do, this was also reflected in the positive comments we heard from both residents and family members. One resident told us "staff are not only kind to us, they are kind to each other and work together well."

Comments regarding staffing in returned questionnaires included:

"The home has a strong, caring culture, set by the manager and it is shared by all the caring, nursing, laundry and catering staff."

"Staff are very friendly, courteous, approachable and welcoming to family members and friends who visit their relatives."

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

The newly appointed manager advised us that she had identified that supervision for staff should be offered and progressed as we heard in our discussions with staff this was not being undertaken in line with the provider policy. Staff should also be given opportunities to attend regular meetings to discuss day to day practice and training, as well as ensuring staff are updated on the day to day running of the home.

We further discussed that it would be beneficial to undertake observations of staff practice, this is useful to ensure that any learning has been put into practice, alongside identifying additional training needs. Competencies in some areas are already being undertaken, for example medication and wound care but this could be expanded further in other areas. We saw that some areas for development had been identified for the manager to progress with, however this plan will now incorporate our inspection findings.

It was pleasing to hear that leadership roles were in place for nutrition, continence and falls ensuring that best practice was undertaken and staff had a named person to seek help from in these areas. However, our inspection identified that these roles should be rolled out to consider leadership roles for both dementia and wound care. This would ensure that the delivery of the main health needs for people was of the highest quality using the most up to date practice.

Some audits were recorded very well with corrective actions identified, however this was not evidenced across all areas. There was a good level of detail with regard to the recording of accidents and incidents, further analysis of these would develop them further. The current methods for medication daily audits were not effective as errors were still being identified but audited as being correct. The management team are implementing new methods which we will look at again in future inspections. We did see that both residents and relatives were regularly asked for the views at both meetings and by surveys, with any identified improvements being progressed.

We noted that the audits of clinical care needs had recently been undertaken, however it was not clear to us prior to the quality director post being implemented, who in the organisation had an overview of these with support being provided in any identified areas. We also heard there was new recording methods in place for these audits, and some information had previously inadvertently not been recorded. We are however, confident that these areas will improve going forward.

We discussed with the new management team that an overview of essential training should be in place, with associated action being taken with regard to staff who have not undertaken essential training within the required timescales. We heard a mix of views from staff regarding their induction experience. In addition, we were not able to see evidence that all new staff had regular review meetings during their induction period, or if staff were being supported with their learning. We recommended that the management team undertake a training analysis, which will take into account the varying needs of residents and how training should be sourced to ensure staff have the skills to meet the current and changing needs of residents.

Finally, we were not confident that the existing staffing levels met the needs of all of the residents. We were advised that work is being undertaken in this area to further evidence the needs of people, in particular those living with dementia. We will ask to be updated periodically in this regard and if additional staffing will be considered.

Requirements

Number of requirements: 2

1. The provider must ensure that it is always suitably competent persons who carry out safe and effective moving and assisting techniques in order to protect service users and staff. All staff must receive appropriate training and updates in line with good practice guidance in order to carry out safe and effective practices.

This is to ensure that this is consistent with the Health and Social Care Standards that state that "I have confidence in people because they are trained, competent, and skilled, and are able to reflect on their practice and follow their professional and organisational codes." (HCSS 3.14) and in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users Regulation 15(a) and (b), (i) and (ii) - Staffing

Timescale: To be in place no later than 30 June 2018

2. The providers must develop effective and robust quality assurance systems. To ensure this the provider must put in place a system to:

- (a) Ensure the service is managed appropriately, ensuring areas of responsibility and accountability are clear to all staff and the quality of care and staff performance is monitored effectively.
- (b) Identify how any issues of concern identified are appropriately recorded and followed-up with outcomes and improvements clearly identified.
- (c) Review and improve the level and frequency of monitoring service provision and ensure that accurate records are kept. This must include checks on the general environment and the standards of care and support provided

This is to ensure that this is consistent with the Health and Social Care Standards which state that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/ 210 - Regulation (4) (1) (a) Welfare of users.

Timescale: To be in place by 31 July 2018.

Recommendations

Number of recommendations: 0

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 following requirement was made after an upheld complaint.

The provider must be able to demonstrate that where a service user is in pain or is assessed as being 'at risk' of developing pain, proper systems have been put in place and implemented to address this and any resulting treatment is recorded. The systems must include provision for the training of staff to ensure that where service users are unable to communicate the fact that they are in pain, staff nevertheless have the skills and knowledge to be able to respond appropriately.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, SSI 2011/210 regulations 4(1)(a), 9(2)(b) and 15(b)(i).

Timescale: This requirement must be fully met by 31 March 2018.

This requirement was made on 30 January 2018.

Action taken on previous requirement

We saw no evidence of training being provided to staff with regard to the skills and knowledge required for monitoring and administering pain relief. We have asked that the service progress with this as a priority and we will monitor this closely.

We were advised that palliative care training was being arranged which would meet this requirement but currently no dates for this have been set.

Not met

Requirement 2

The following requirement was made after an upheld complaint.

The provider must demonstrate that personal plans records all risk, health, welfare and safety needs in a coherent manner which identifies how needs are met when delivering palliative and end of life care. In order to do this the provider must:

- Ensure that documentation and records are accurate, sufficiently detailed and reflect the care and treatment which has to be provided;
- Provide training so that staff are aware of their responsibility in maintaining accurate records, retaining records and follow best practice including NMC guidance;
- Provide training about the use of healthcare assessment tools used in palliative and end of life care;
- Ensure that staff know policies and palliative and end of life current best practices and for these to be effectively implemented;
- Demonstrate that where a service user is in pain or is assessed as being 'at risk' of developing pain, proper systems have been put in place and implemented to address this and any resulting treatment is recorded. The systems must include provision for the training of staff to ensure that where service users are unable to communicate the fact that they are in pain, staff nevertheless have the skills and knowledge to be able to respond appropriately.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Regulation 4(1)(a) - Welfare of service users. Regulation 5(1) - Regulation Personal plans. 9(2)(b) Fitness of employees & Regulation 15(b)(i) Staffing.

Timescale: This requirement must be fully met by 31 March 2018.

This requirement was made on 30 January 2018.

Action taken on previous requirement

We looked at a care plan for a resident who was receiving end of life care and we were satisfied that there was accurate, detailed information outlining care and treatment. However, we did not see evidence of training for staff for the remaining elements of this requirement. Again, we have asked the service to expedite this and we will monitor the progression of this.

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 make sure that everyone living in the care home has the right care and support in relation to eating and drinking and that records such as food and fluid charts and risk assessments are clear and up to date.

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

This recommendation was made on 26 May 2017.

Action taken on previous recommendation

We found during this inspection that people required support with eating and drinking and we have therefore made a requirement in this regard under Care and Support.

Recommendation 2

The provider should make sure that more resources and staff support is available to everyone living in the home in relation to daily activities.

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

This recommendation was made on 26 May 2017.

Action taken on previous recommendation

We spoke with two members of staff who provided regular activities for residents, including weekly outings. We are satisfied that people receive both group and one to one meaningful activity. This recommendation has been fully met.

Recommendation 3

The provider should make sure that care plans are clear, person-led and up to date in relation to people's needs and in particular in relation to eating and drinking, activities, falls and stress/distress responses.

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

This recommendation was made on 26 May 2017.

Action taken on previous recommendation

The care plans that we sampled were up to date in relation to people's needs, however some information was not fully completed regarding wound care and we have made reference to this under Care and Support. The recommendation will therefore not be repeated.

Recommendation 4

The following recommendation was made after an upheld complaint.

The service should have dynamic support mattresses available for use if there is delay in receiving such equipment for external sources.

This is to comply with The National care Standards: Care Homes for Older People. Standard 6. Support arrangements

This recommendation was made on 17 January 2018.

Action taken on previous recommendation

It was unclear to us if this recommendation has been met. We heard from the current manager that a mattress had been put in place for a resident on her discharge from hospital, but it was not clear if the resident had needed this prior to her hospital admission. We will not repeat the recommendation as we agreed with the management team that we will continue to look at equipment for people and when they received this during future inspections.

Recommendation 5

The following recommendation was made after an upheld complaint.

The service should provide further training to staff on the importance of positional changes to ensure risk is minimised in developing a skin break leading to a potential pressure ulcer.

This is to comply with The National care Standards: Care Homes for Older People. Standard 5.4: Management and staffing arrangements.

This recommendation was made on 17 January 2018.

Action taken on previous recommendation

We did not see evidence of clear recording of positional changes or training for staff. We have made reference to this under the requirement we have made relating to wound care under Care and Support. We will therefore not repeat this recommendation.

Recommendation 6

The following recommendation was made after an upheld complaint.

The provider should ensure that where there are concerns about the administration of medication, then staff should consult with a GP for further advice.

National Care Standards, Care Homes for Older People, Standard 14 Keeping Well-Medication, and Standard 5, Management and Staffing.

This recommendation was made on 30 January 2018.

Action taken on previous recommendation

We saw good evidence from our sample of care plans whereby a GP had been consulted regarding a resident's condition on numerous occasions relating to medication and possible side effects of this. We were satisfied this recommendation was met.

Recommendation 7

The following recommendation was made after an upheld complaint.

The provider should ensure that residents are able to alert staff for assistance through having access to the nurse call equipment, and that staff know their responsibilities to ensure this is in place.

National Care Standards, Care Homes for Older People, Standard 9.4 Feeling Safe and Secure.

This recommendation was made on 30 January 2018.

Action taken on previous recommendation

We met with a number of residents in their rooms. We saw that nurse call equipment was within people's reach, and when tested, the staff responded quickly. We are therefore satisfied that this recommendation has been met.

Recommendation 8

The following recommendation was made after an upheld complaint.

The provider should ensure that staff continue with their duty of care in terms of providing personal and clinical care to residents, even during their family visits.

National Care Standards, Care Homes for Older People, Standard 6. Support Arrangements.

This recommendation was made on 30 January 2018.

Action taken on previous recommendation

We did not see evidence to suggest this recommendation was met or not. Some relatives like to assist with eating and drinking if they are visiting during meal times. However, we discussed that we will continue to look at this during our inspections, and we also discussed how this could be documented going forward alongside the wishes of family who are visiting regarding to the care needs to be undertaken by staff to ensure there is no miscommunication.

Recommendation 9

The Provider should ensure that residents and their relatives are supported to consult with a GP if they are concerned about matters relating to health.

National Care Standards, Care Homes for Older People, Standards 14 keeping well-healthcare and Standards, management.

This recommendation was made on 30 January 2018.

Action taken on previous recommendation

We did not see any examples of the above, however we were satisfied that the home made contact with the GP when this was required. We will look at this again at future inspections to ensure families are supported.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

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

Inspection and grading history

Date	Type	Gradings
26 May 2017	Unannounced	Care and support 4 - Good Environment 5 - Very good Staffing 4 - Good Management and leadership 4 - Good
15 Jun 2016	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 4 - Good Management and leadership 4 - Good
29 Sep 2015	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
8 May 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good

Date	Type	Gradings	
29 Oct 2014	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
19 May 2014	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good
8 Nov 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
17 Jan 2013	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
10 Oct 2012	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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