

Garioch Care Home Care Home Service

Commercial Road
Inverurie
AB51 3TX

Telephone: 01467 620202

Type of inspection: Unannounced
Inspection completed on: 14 May 2018

Service provided by:

Tamhealth Limited, a member of the
Four Seasons Health Care Group

Service provider number:

SP2007009156

Care service number:

CS2003014158

About the service

The Garioch Care Home is a two storey building that provides care and support for up to 37 older people. At the time of our visit there were 35 people living in the home. The home is situated in the market town of Inverurie and is close to shops, churches and cafes.

There is access to a shared lounge, dining area and conservatory on the ground floor. The first floor has no shared living areas.

There are seven bedrooms who have en-suite toilets and one bedroom has en-suite toilet and shower facility.

The aims of the service include to "respect the rights, dignity, individuality, and lifestyle" of service users.

This service has been registered since 1 April 2002.

What people told us

We sent 22 Care Standards Questionnaires to the manager to randomly distribute to people who live in The Garioch Care Home and to visitors to the service. Eleven completed questionnaires were returned to us. During our inspection we spoke with eight people who use the service and with four visitors. We used some of their comments to inform our inspection, for example:

"The staff are just great. They work so hard."

"The staff are caring but at times can be stretched, especially at weekends. The quality of meals is inconsistent and varies according to the chef on duty."

"Too many managers over the years."

"The staff here, all of them, are cheerful and helpful, not good to do when you are working 12-hour days."

"I like it fine. I get outside now and again."

"I have a nice room with a lovely view."

"I like to keep busy. Would like to be outside more."

During our inspection we completed a short observation framework indicator (SOFI 2). This helped us capture what life was like for people who were unable to communicate with us verbally.

The findings from our observation and from what people told us have informed this report.

Self assessment

A self assessment was not required for this inspection. During our inspection we spoke with the manager about ways of implementing a development plan for the service that was focused on areas for development and in improving outcomes for people.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	1 - Unsatisfactory
Quality of staffing	3 - Adequate
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

The quality of care and support was weak. While we identified some strengths there were important weaknesses which caused significant concern.

The lounge and conservatory in the service was located on the ground floor. We observed that the main lounge was crowded and that many people remained in wheelchairs for significant periods of time. One person told us that she frequently "is left sitting in a wheelchair". Due to the crowded lounge and the seating position of people, interaction and engagement between people was difficult and the room became uncomfortably warm. We observed some people sitting passively and some people sleeping.

Staff told us that people using the conservatory were residents "who needed less attention". We observed throughout our visit that there was insufficient staff presence in the conservatory. We concluded that people did not have a choice of where they spent their time in communal areas.

Throughout our visit we observed a very busy staff group. Staff worked hard to meet the needs of people. We were told "the staff are hard working". The layout of the building and the dependency of people contributed to the availability of care staff. This resulted in staff not having the time to sit and spend quality time with people. We observed missed opportunities to engage with people.

The service used a dependency tool to inform them of suitable staffing numbers required in the home. We read off duty that showed that the service was staffed to the recommended number of staff on the staffing schedule. However we concluded that the layout of the service, the needs of people and the areas of concern with facilities increased the work load on staff and they struggled at times. **(See previous requirement 2.)**

There was one toilet on the ground floor that was suitable for people who required assistance with meeting their continence needs. (See Quality of environment) Staff and residents referred to a queue system. One person told us that she had experienced discomfort due to the length of time spent waiting for assistance. People's care and support was compromised due to limited access to appropriate toilet facilities. **(See requirement 1.)**

There was a lack of bathing and showering facilities. (See 'Quality of environment'.) We reviewed care notes that showed evidence that some people had not received a shower or bath for significant periods of time, some for four weeks. We were told by one person that "I had no shower for two weeks". People's care and support was compromised due to not having access to adequate facilities. **(See requirement 2.)**

People should be able to choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. We read on notice boards that a varied activities programme was offered. The activities co-ordinator was present on day two of our inspection and we observed some people engaged in one-to-one activity; they looked happier and more relaxed with this attention. However for periods of time, particularly on day one of our inspection, some people sat without occupation; this resulted in poor outcomes.

We observed the dining experience during our visit. Staff were organised and were seen to offer choice. We observed the following concerns with the dining experience:

- Some people were still eating breakfast late morning. This meant that there was a short period of time before they were offered another meal.
- Some people were assisted to the dining tables 30 minutes prior to service. We received negative comments from people regarding the length of time they had to wait.
- There was no enablement approach at mealtimes, for example people were unable to access their own drinks.
- There were 12 people who remained in wheelchairs in the dining room. This impacted on their comfort and ability to engage in conversation with other people.
- Some people remained in the main lounge for their lunch. People were located so far apart they ate in isolation.

We concluded that the service needs to improve the dining experience for people to ensure this is a social and pleasant experience. **(See recommendation 1.)**

My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices. It was positive that the new manager had identified that care notes required renewal and we saw examples of the improved content in some care plans with evidence on a person-centred approach.

Requirements

Number of requirements: 2

1. You must demonstrate to the Care Inspectorate that all service users have access, whenever required, to toilet facilities which are fit for purpose and are appropriate to meet their needs. In particular you must:

- (a) by 4 June 2018 put in place a detailed programme of the improvement and remedial works required to ensure the shared toilet facilities throughout the care service premises are fit for purpose; and
- (b) by 31 August 2018 ensure these works have been carried out to a satisfactory standard.

This is in order to comply with Regulations 4(1)(a) and (b) and 10(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210)

2. You must demonstrate to the Care Inspectorate that all service users have access, whenever required, to sufficient bathing and showering facilities which are fit for purpose and are appropriate to meet their hygiene needs. In particular you must:

- (a) by 4 June 2018 put in place a detailed programme of the improvement and remedial works required to ensure that the shared bathing and showering facilities throughout the care service premises are fit for purpose; and
- (b) by 31 August 2018 ensure these works have been carried out to a satisfactory standard.

This is in order to comply with Regulations 4(1)(a) and (b) and 10(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Recommendations

Number of recommendations: 1

1. The service needs to improve the dining experience for all people living in the home to ensure that everyone has a pleasant and enjoyable experience.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I can enjoy unhurried snacks and meal times in as relaxed atmosphere as possible" HSCS 1.35

Grade: 2 - weak

Quality of environment

Findings from the inspection

The quality of the environment was unsatisfactory. We identified significant concerns with the environment in the home that affected the wellbeing of people. As a result of our concerns and the impact it had on people's lives, and the provider's failure to address previously identified concerns, we issued an improvement notice.

The shared social spaces were located downstairs. Most people spent their day in the lounge. This resulted in the room being crowded. This restricted people from interacting with each other and impacted upon the physical space required to meet the needs and wishes of people. The lounge when fully occupied was very warm. We highlighted this concern to the manager during our inspection to ensure that regular monitoring of the temperature takes place so that remedial action could be taken to ensure that people remained comfortable.

We observed that some areas of the home had been decorated however the first floor décor was stark and did not provide a pleasant environment for people living in the home. Lighting was insufficient with areas of shadow. Some people's bedrooms were in a poor state of repair. One vanity unit was broken and splintered and held together with tape, carpets were stained, in one room we saw a rip in vinyl that caused a trip hazard, curtains were thin allowing too much light in. In the ground floor there was an area that had a strong unpleasant odour throughout our visit. We concluded that people did not experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. **(See requirement 1.)**

We were concerned with the lack of suitable toileting facilities in the service. We found:

- There was only one toilet area downstairs that was suitable for people requiring assistance from staff. This was located in the shower room. Most people were downstairs during the day and this meant they had to wait for access.
- Three shared toilets that could be independently accessed had significant damage. We were informed that they had been out of use for approximately six months.
- The remaining toilets had maintenance issues including one faulty light cord, trip hazards due to missing strips at the thresholds, uneven flooring and insufficient sealant around the toilet resulting in poor standards of cleanliness.
- Two shared-use toilets located off the main foyer had shower curtains in place. This was due to the lack of space when assisting people to use these toilets. Staff were unable to close the door.

We were informed that people had to wait and it was common practice for a "queue" system to be in place to enable people access to suitable toilets. People should have easy access to a toilet from the rooms they use and can use these when they need too. The lack of toilet facilities had a negative impact on the wellbeing of people. **(See requirement 1 in 'Quality of care and support'.)**

We were concerned with the lack of suitable shower and bathing facilities in the service. Only one bedroom had an en-suite shower, everyone else living in the home relied on shared facilities. We found:

- There was one shared shower room downstairs that also provided the only accessible toilet downstairs for people requiring assistance. This could affect access to either the shower or the toilet. There were gaps in the flooring where it had come away from the walls and gaps where the wet wall had come away from the ceiling.
- The shower room upstairs had been refurbished however we were told that the water pressure was too low to ensure effective showering and that due to poor drainage of water there was pools of water.
- Bathrooms in the service were insufficient. They were used for storage of moving and handling equipment and linen skips, making access difficult.
- Baths were found to be in a bad state of repair; some bath panels were hanging off exposing nails, sealants had breaks in their integrity. We were informed that only one bath in the service was used due to it being the only one fit for purpose.
- We read care notes that evidenced people had not had a shower or bath for significant periods of time.

The lack of showering and bathing facilities had a negative impact on the wellbeing of people. **(See requirement 2 in 'Quality of care and support'.)**

We reviewed supporting documents that would inform us if equipment used in the service was fit for purpose. We found the following concerns:

- Remedial work required on electrical installation recommended in 2015, had not been completed.
- Remedial works required on moving and handling equipment and shower chair had not been completed. We read that some of these works were historic recommendations. We could not be confident that all equipment used to assist people was fit for purpose and safe to use.

- Remedial works required on both lifts identified this year had not been completed and we saw no evidence that plans were in place to ensure both lifts were fully functioning. Since many people had bedrooms on the first floor and the social areas were on the ground floor, lift failure would have a significant negative impact on people's lives.

We concluded that the provider had failed to ensure that the necessary remedial work and repairs recommended to ensure that people were living in a safe environment and that equipment used to assist people was fit for purpose. This had the potential to affect the health and safety and wellbeing of people. **(See requirement 2.)**

Requirements

Number of requirements: 2

1. By 4 June 2018 the provider must have a plan of works in place that identify areas for improvement to ensure that the environment within the service provides a comfortable and pleasant home for people. Timescales for the completion of works must be identified in the plan. Improvements identified in the plan should include:

- improved lighting where Lux meter readings are low
- improvements to the décor on the first floor
- improvements to bedrooms to ensure they are in a good state of repair with appropriate flooring
- replacement flooring where there are offensive odours.

This is in order to ensure that care and support is consistent with the Health and Social Care standard 5.18 which states "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells".

It is also necessary to comply with regulations 10(2)(a),(b) and 10 (2)(d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210.

2. By 30 June the provider must ensure that all remedial work identified by supporting contractors, including work identified from Loler inspections of lifts and hoists and from the inspection of the fixed electrical installations, is completed to ensure that people living in the home are not exposed to unnecessary risk. In addition the provider must ensure any future remedial work identified is completed as soon as it is practicably possible.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 5.17 My environment is secure and safe. It is also necessary to comply with regulations 4(1)(a) and 10(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210.

Recommendations

Number of recommendations: 0

Grade: 1 - unsatisfactory

Quality of staffing

Findings from the inspection

The quality of staffing was adequate. While there were positives we identified some concerns that impacted on the experiences and quality of life for people in the service.

People should experience stability in their care and support from staff who know their needs, choices and wishes, even if there are changes in the organisation. The manager had worked hard to recruit staff to fill vacant posts. Due to the turnover of staff it will take time for all staff to fully know the people they care for and for a consistency in standards by all staff.

Experienced staff had an enhanced role as team leaders. We observed care staff being directed appropriately; this meant that there was an organised and prioritised approach to care delivery. We discussed during our inspection how the team leader role could be developed to include the supervision of staff practice. This would enable areas of practice requiring development being improved. This will help with the consistency in the standards of care delivered.

People should feel confident that staff are trained, competent and skilled. We reviewed induction documents and found that these were not always completed. Training records showed that many staff had not completed mandatory training. It was concerning that following events that had the potential to cause harm to people, that the necessary training and competency assessments had not been undertaken by staff to ensure they had the necessary skills and knowledge to fulfil their role with competence. **(See recommendation 1.)**

Staff we spoke with said they were happy working in the service. They had confidence in the new manager. We had some concerns with the terminology and phrasing of some staff for example; "washed, dressed and fed, make them feel at home" and "we put the ones who aren't gong to be trouble in the conservatory". This demonstrated that there was objectifying of people and that not all people were valued and respected as individuals. **(See recommendation 1.)**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. Staff working in the service should receive the appropriate training which will equip them with the knowledge, competency and skills required to meet the care and welfare needs of people.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "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". (HSCS 3.14)

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The quality of leadership and management was weak. While we identified some strengths, there were important weaknesses which caused concern.

The service had experienced a turnover of managers in recent years. The new manager had been in post for a short period prior to our inspection. It was positive that the recruitment of new staff had been identified as a priority. This meant that the service could focus on consistency in standards from a permanent staff group. However we found that not all staff employed had undergone a robust recruitment process. People living in the home should be confident that people who support and care for them have been appropriately and safely recruited.

At the time of our inspection a deputy manager had been recruited however had not started working in the service. We were concerned about the levels of support the manager had received and that her induction into the post would take place in July. The provider needs to ensure that the manager is supported by the relevant professionals within the organisation to assist her implement the systems and processes that will monitor and improve the service provided..

We saw evidence that there had been an improvement to the clinical needs of people for example; the number of wounds had reduced, improved medication management and fewer people experiencing weight loss. The improvements had made a positive impact on the health and wellbeing of people.

We had concerns that the service did not have effective quality assurance systems in place:

- Senior management had conducted a monthly audit during their visit. Areas identified as requiring improving were not clearly identified and not followed up. This meant that there was no change to poor practice or improved outcomes for people.
- There was no evidence of an environmental audit being completed. This would have identified the areas of concern identified in 'Quality of environment'.
- During our inspection the management team were unable to update us on the progress made on the action plans written following our previous visits.

In order to improve outcomes for people it is necessary for areas of development and poor practice to be identified through robust quality assurance. **(See requirement 1.)**

There was a failure to recognise, prioritise and manage risks to people's welfare and health and safety. Several reportable incidents had occurred in the home and we identified the following concerns:

- We were not confident that all incidents, that may have the potential to cause people harm, were robustly investigated, reported or followed up.
- The service had failed to ensure that all staff had received the necessary training that would ensure they recognised potential and actual harm and knew how to report this.
- Two people living in the service told us they would not feel comfortable raising concerns with all of the staff.
- During our inspection one person told us of an event that had occurred two days previously. It concerned us that despite staff being aware of this incident, the manager had not been informed.

We concluded that the management teams failure to implement robust systems to keep people safe had resulted in people remaining at risk. **(See requirement 2.)**

It was disappointing that no progress had been made on a previous requirement and recommendations from our last inspection. There was no progress made on a requirement following a complaint investigation.

Requirements

Number of requirements: 2

1. The service provider must make significant improvements to quality assurance processes to ensure that areas of poor practice are identified and then measures taken for improvement. The processes must be focused on improving the outcomes for people. In order to do this, the provider must:

Implement the provider's quality assurance processes, highlighting any areas of concern or development in relevant action plans.

This is to ensure care and support is consistent with the Health and Social Care Standards 4.8 which state that "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve", and in order to comply with Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services).

2. By 4 June 2018 you must demonstrate to the Care Inspectorate that:

- (a) all staff employed in the service have completed appropriate training in adult support and protection
- (b) you have put in place and have implemented a system to ensure that all allegations of abuse or incidents of actual abuse are investigated, appropriately reported and that in each case measures are put in place sufficient to reduce risks to service users
- (c) all staff are aware of how to report adult support and protection concerns and are confident in doing so.

This is in order to comply with Regulations 3, 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Recommendations

Number of recommendations: 0

Grade: 2 - weak

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

Previous requirements

Requirement 1

People should have access to hygienic and safe shower and WC facilities. The shower room number two on the upper floor should be refurbished.

This is 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.

National Care Standards Care Homes for Older People – Standard 4: Your Environment

Timescale: by 31 October 2017.

This requirement was made on 13 June 2017.

Action taken on previous requirement

See Quality of care and support and Quality of staffing of this report.

Not met

Requirement 2

The service must ensure that there are sufficient care staff to meet the needs of people using the service. To do this they should:

- a) accurately assess the dependency of people using the service on a regular basis and use that to inform the staffing levels
- b) ensure the rota is managed to cover gaps so that staffing does not fall below the minimum required.

This is in order to comply with: SSI 210 The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. (15) (a) Staffing

Timescale: to be implemented by 30 November 2017.

This requirement was made on 9 October 2017.

Action taken on previous requirement

See 'Quality of care and support' of this report for evidence gathered.

Not met

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

Previous recommendations

Recommendation 1

People who experience care should be supported by skilled staff. The provider should ensure staff have dementia training in keeping with their job roles, including enhanced and skilled levels of training as outlined in the guidance document 'Promoting Excellence: A framework for health and social services staff working with people with dementia, their families and carers'.

National Care Standards Care Homes for Older People – Standard 5: Management and Staffing Arrangements

This recommendation was made on 13 June 2017.

Action taken on previous recommendation

The new manager in post informed us that there is a timetable for the progression of dementia training. We will follow this up at our next inspection.

Recommendation 2

People should experience a comfortable environment which enables independence and orientation. The provider should carry out an environmental audit including a dementia environment audit, such as the King's Fund Dementia Environmental Audit. An action plan should then be developed providing specific details to include completion dates and persons responsible. This action plan should be forwarded to us at the Care Inspectorate. Actions should include addressing the following issues:

- a) fitting temperature control valves to radiators
- b) improving the temperature control measures in the conservatory
- c) making good damaged paintwork
- d) improving the stark toilet facilities
- e) taking action to improve the environment from a dementia perspective, such as highlighting light switches and where toilet rolls are, coloured toilet seats, and directional signage.

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

This recommendation was made on 13 June 2017.

Action taken on previous recommendation

See 'Quality of environment' of this report. This recommendation is now a requirement.

Recommendation 3

That the service reviews the dependency tool (CHESS) to make sure it reflects the needs of residents within this particular service, including the effect of any limitations imposed by the environment.

National Care Standards Care Homes for Older People – Standard 5: Management and Staffing Arrangements

This recommendation was made on 9 October 2017.

Action taken on previous recommendation

See Quality of care and support of this report for evidence gathered. This recommendation will be reviewed on our next inspection.

Complaints

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

Enforcement

Please see Care Inspectorate website (www.careinspectorate.com) for details of enforcement action taken against the service.

Inspection and grading history

Date	Type	Gradings
31 May 2017	Unannounced	Care and support 5 - Very good Environment 4 - Good Staffing Not assessed Management and leadership Not assessed
21 Jun 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
19 Feb 2016	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
15 Jul 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 5 - Very good

Date	Type	Gradings	
24 Feb 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 5 - Very good
16 Jul 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
13 Dec 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
21 Jun 2013	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed 2 - Weak 2 - Weak
31 Jul 2012	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 4 - Good 4 - Good 3 - Adequate
7 Jun 2012	Re-grade	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed Not assessed 2 - Weak
29 Jul 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 4 - Good
31 Jan 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed Not assessed

Date	Type	Gradings	
9 Sep 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 4 - Good Not assessed Not assessed
23 Mar 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
21 Aug 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
23 Mar 2009	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 4 - Good
2 Oct 2008		Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 4 - Good

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