

## Carewatch - West Central Scotland Housing Support Service

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Livingston  
EH54 6AX

Telephone: 01506 464761

**Type of inspection:**

Unannounced

**Completed on:**

14 June 2018

**Service provided by:**

Carewatch Care Services Ltd

**Service provider number:**

SP2004004478

**Service no:**

CS2005093913

## About the service

This service registered with the Care Inspectorate on 1 April 2011.

Carewatch - West Central Scotland provides a housing support service and a care at home service. The services are provided in a combined way by the same management and staff team. The provider is Carewatch Care Services Ltd.

Care and support is provided to people living in their own homes in West Lothian.

The service includes all aspects of personal care, social and emotional support and assistance with housework and shopping. Care and support is provided based on individuals' needs. The service aims to provide care and support to enable individuals to live in their own homes.

The service aims and objectives include:

'To live an independent life and be valued for your ethnic background including language, culture and faith. You will be treated equally and live in an environment free from bullying, harassments and discrimination. You must be able to complain effectively without fear of victimisation.'

At the time of inspection Carewatch - West Central Scotland was delivering a service to approximately 620 people in their own homes. The organisation was supported by an operations director and staffed by a registered manager, depute manager, regional trainer, recruitment officer, care coordinators, quality officers and approximately 198 frontline care workers.

## What people told us

The majority of people we spoke with or commented in the Care Standard Questionnaires were satisfied with the care and support they received. We heard from some service users and their families that, although the regular carers were very good, this was often not the case when staff were being re-allocated, on annual leave, off work or at the weekend.

Issues around inconsistency in staffing and communication regarding changes of times or staffing were raised by a significant number of people.

We found that people's view of the care provided with regard to the quality of staff was very positive as evidenced in responses to our questionnaires, people's comments at our home visits and through interactions witnessed at those visits. From the respondents of the Care Standard Questionnaires 100% were happy with the quality of care and support.

Some people who chose to comment told us;

"Happy with the 2 carers my (relative) gets on a regular basis. Unhappy that a male carer was sent to carry out personal care when this was not her preference. This made her very agitated and upset".

"I'm happy with the care from my regular carers. They are very competent at their job".

"Have great carers, very kind and helpful"

"My only complaint is when my regular carer is off sick or holiday, I am not informed who will be coming or what time to expect a carer"

"The two carers who attend my (relative) are excellent"

"After a great deal of communication with the office we now have regular carers for my (relative). There is now consistency of carer and timings"

"It's very upsetting that I don't always know who is coming at the weekends. In saying that though, my regular carers are wonderful, they know me really well but, I do worry about holidays and weekends"

"The carers are good and provide a good service but the communication from the office is chaotic"

"I could not ask for better carers. My only concern is when I need to contact the office I don't always get a reply"

## Self assessment

The service had not been asked to complete a self assessment in advance of this inspection. We discussed improvement plans and quality assurance paperwork. We encouraged the service to continue to develop their improvement plan to show priorities for development and how they were monitoring the overall quality of provision within the service.

## From this inspection we graded this service as:

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

## Quality of care and support

### Findings from the inspection

We found the service to be at a weak level for care and support. Since the previous inspection we found that little progress had been made with areas for improvement, requirements and recommendations made.

Despite this we heard from service users that they were happy with the care and support they received, however, the communication from the office could improve. We were also told that regular carers were very good and understood their needs but this was not always the case where there were changes to the carers or at weekends when different carers visited.

Staff being late or missed visits can lead to issues when people require medication and other supports at specific times. Also different, unexpected members of staff attending to a person over a period of time can be a cause of anxiety for some. This inconsistency in staffing is particularly the case at weekends when regular care staff have to work elsewhere, are on leave or otherwise absent. This has been a requirement at a previous inspection. Little progress has been made and it is still an issue for this service. **(Requirement 1)**

Care plans guide the carers to the needs, wishes and choices of the service user and how best to carry out the care and support required. We found in some cases care plans were significantly out of date and, information

within the care plan was inaccurate or did not fully reflect the care and support to be delivered. Risk assessments were not always fully completed or in some cases where a risk had been identified, actual or potential, these were not assessed or documented. **(Requirement 2)**

Although, the service had good documentation in relation to carrying out care reviews this was not being used to its full potential. Some care reviews were out of date or not fully completed. Management should ensure that this document is completed as intended to ensure that it clearly shows what discussions took place at the review. The record of review should include people's views on the service provided, and clearly show that where actions are identified these are recorded in the care plan. **( Requirement 3)**

Staff, when they visited a service user, recorded in the daily log the tasks they had undertaken and the feedback from the service user. These were well documented with good detail.

Medication support provides the means for service users to receive the correct medication at the correct time to ensure their continued state of health. We found there to be good systems in place to record the medication administration, however, there were several gaps, omission of signatures and wrong use of coding on the Medication Administration Record (MAR). MAR sheets were not being audited and therefore managers could not be sure if correct procedures were being carried out. **(Recommendation 1)**

A clear picture had emerged of a service that was falling short of good practice around its administration of continuity of staff, visiting times, communication, some occasions of missed visits and weak documentation. A new manager commenced in post a few weeks prior to the inspection and in discussion with the manager, some areas for improvement had been identified and measures were being implemented to make improvements. At the time of this inspection these changes had only just been implemented and would obviously take time to have an effect on quality. Despite an initial proactive response from the new manager, requirements and recommendations have been made and thus the reason for an evaluation of weak for quality of care and support.

## Requirements

### Number of requirements: 3

1. The provider must ensure that care is provided in line with the agreed arrangements. In order to achieve this, the service will;

- (a) be consistent and reliable in who is giving the care,
- (b) notify service users in advance of any changes to the home carer or timing of the support,
- (c) record any late or missed visits and carry out an audit with actions and outcomes

This is to ensure care and support is consistent with the Health and Social Care Standards which states;. I have confidence in the people who support and care for me; (HSCS; 3.11, 3.15, 3.16, 3.19)

This is also 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) - health and welfare of service users.

Timescale: with immediate effect and fully compliant by 31 October 2018

2. The provider must ensure that each person using the service has a detailed personal plan that reflects the wishes, needs and choices of the service user.

To comply the provider must:

- (a) ensure that anyone tasked with this is competent to do so.
- (b) ensure that the personal plan is made available to the service user, their representative and staff.
- (c) ensure the plan is up to date for each service user and contains all relevant information about the service users' support needs
- (d) monitor the quality of the personal plans and identify and implement any training or support that may be required to ensure continued improvement.

This is to ensure the care and support is consistent with the Health and Social Care Standards which states; I experience high quality care and support that is right for me. (HSCS 1.12, 1.13, 1.14, 1.15) and;

I have confidence in the people who support and care for me. (HSCS 3.14)

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) - health and welfare of service users and Regulation 5 - a requirement for a plan of care

3. 1. The provider must ensure that when a service user's needs change that this is reflected in their risk management and that all relevant risk assessments are up to date and accurate. In order to achieve this, the service must:

- (a) carry out a review of all service user care and support plans.
- (b) ensure that all care and support plans are up to date with relevant information about the service user's support needs and assessed risk.
- (c) ensure that all care and support plans are reviewed every six months.
- (d) ensure that all identified risks in respect of a service user's care and support are documented and an appropriate plan is put in place to manage such risks.

This is to ensure care and support is consistent with the Health and Social Care Standards, Standard 1. I experience high quality care and support that is right for me. (HSCS 1.12, 1.13, 1.15, 1.19, 1.23,) and; Standard 2. I am fully involved in all decisions about my care and support. (HSCS 2.11, 2.17, 2.24)

This is also in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210 Regulation 5 - Personal plans (2)(b) review the personal plan;

- (ii) when there is a significant change in a service user's health, welfare or safety needs; and
- (iii) at least once in every six month period whilst the service user is in receipt of the service

## Recommendations

**Number of recommendations: 1**

1. The provider should ensure that medication is managed in a manner that supports best practice and safe management of medicines; In order to achieve this the provider must;

- (a) ensure that the carers notes on the reverse of the Medication Administration Record (MAR) are fully completed when appropriate to indicate why a medication has not been administered
- (b) implement a suitable document to record the accurate site of medication patch application
- (c) fully implemented audit systems are used to monitor medication administration and staff practice

This is to ensure care and support is consistent with the Health and Social Care Standards which states I am fully involved in all decisions about my care and support, (HSCS 2.23 and; I have confidence in the organisation providing my care and support; (HSCS 4.11)

**Grade:** 2 - weak

## Quality of staffing

### Findings from the inspection

When we spoke with service users they were complimentary about the staff providing their care and support. We heard that staff were kind, caring and knew them well. Inconsistencies occurred when regular staff were absent, particularly at weekends.

We spoke with the training manager and viewed the induction training programme which was detailed and comprehensive. Staff also received workbooks to support the induction and were shadowed and observed to ensure competency prior to lone working with service users.

Training in between induction and annual refresher training was limited and staff felt there could be further interim training to enable them to better support service users with specific health conditions; for example, dementia. **(Recommendation 1)**

Supervision should be provided to offer regular effective support to the workforce. This assists staff to develop and improve through reflective practice. When we spoke with staff and sampled supervision records we did not find that staff received regular supervision. **(Recommendation 2)**

At the previous inspection it was recommended that the provider should implement a tracker system for staff to register with the Scottish Social Services Council (SSSC), registration of care at home and housing support staff. This had not been carried out. The register is now open (October 2017) and the service should ensure any new employees apply and receive registration within the six month registration period from commencement of employment. **(Recommendation 3)**

We observed staff in their roles when we visited service users homes. We observed that staff were knowledgeable about the service user and showed dignity and respect when carrying out care and support.

### Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 3

1. In order to ensure staff are well trained and competent in their roles, the provider should carry out a training needs analysis of staff and implement an individual training and learning programme for staff.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.14 which states; 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.

This also takes into account Scottish Social Services Council, Code of Practice for Employers of Social Service worker; 3.1, - 3.5.

2. Staff supervision must be performed in accordance with the provider's policy and procedures in order to ensure staff are supported to discuss and develop their roles.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.14 which states; 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.

This also takes into account Scottish Social Services Council, Code of Practice for Employers of Social Service worker; 2.2, 3.5.

3. It is recommended that the provider monitor staff applications to register with the Scottish Social Services Council (SSSC) to ensure staff are appropriately registered. In order to achieve this, the service should devise a tracker to monitor staff applications to the SSSC.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.14 which states; 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.

This also takes into account Scottish Social Services Council Codes of Conduct for Employers of Social Services Worker and Employers.

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

At this inspection, we considered how well the provider evaluated the service provided and how it improved outcomes for people accessing the service. From the evidence looked at during this inspection we found the service weak in relation to quality of management and leadership. We saw little improvement in this area and were concerned this was having a major impact on the rest of the service.

We did identify that the manager had started to address areas for improvement highlighted at previous inspection but none of these improvements had been fully progressed and implemented. Management needed to prioritise these areas and ensure that these were fully introduced and regularly evaluated, to help monitor the quality of service provision and management support.

We found that most of the paperwork from people homes was not returned to the office to be checked and no formal record of this was made. In some cases communication logs going back 6 months were in service users homes and we were told that these should be returned monthly to the office for auditing. Similarly we found that medication records were not being returned for audit on a monthly basis. **(Requirement 1)**

We looked at how the service manages complaints and we found that although complaints were logged in the system, it was unclear how the service addressed the complaint and recorded the outcome of any complaint investigation. **(Recommendation 1).**

Staff we observed and spoke with were committed to their job and enjoyed supporting the service users. However, they felt communication from the office based staff was not effective to enable them to carry out their roles with the information or knowledge they required at all times. Staff were clear that information within the care plan did not always reflect the care that was to be provided. We found that the service was not carrying out quality assurance of the care plans to ensure up to date information was recorded. A requirement about care plans has been made under quality of care and support.

Systems were in place to carry out observed competency of staff but this was not carried out in line with the services policy for 'field observation assessment'. Competency assessments carried out by management or senior staff were irregular and did not support staff in their competency or development. **(Recommendation 2)**

Developing ways to seek the views of people the service supports and their families, enable the service to monitor and evaluate the impact of service delivery and whether or not outcomes are being achieved. Although we could see some evidence of this it was very limited and management were unable to demonstrate peoples levels of satisfaction and identify areas for improvement. **(Recommendation 3).**

Senior management have identified the need for a restructure of roles within the service. New roles have been introduced with specific remit for team leader, care co-ordination, quality assurance and care reviewers. The service itself has identified the key areas for improvement however, it is still early days to assess the impact of the restructure and the new management team. We will continue to monitor progress.

## Requirements

### Number of requirements: 1

1. The provider 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) appropriately record and follow-up with outcomes and improvements any concerns or issues 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 standards of care and support provided, staffing requirements including training and supervision

(d) implement a self evaluation of the service with actions and outcomes, review and monitoring.

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: with immediate effect and fully compliant by 31 October 2018

## Recommendations

### Number of recommendations: 3

1. The provider should ensure there is a robust system to record and monitor complaints to the service. Actions and outcomes should be consistently recorded.

This is to ensure that this is consistent with the Health and Social Care Standards which states; I have confidence in the organisation providing my care and support.

The provider should also consider the guidance for Duty of Candour Procedure

2. The provider should ensure that the services policy for staff competency observations is followed. Following observation there should be robust documentation including observed practice, review and monitoring to ensure staff are undertaking care and support competently and that areas for development can be identified.

This is to ensure that this is consistent with the Health and Social Care Standards which states; I have confidence in the organisation providing my care and support and; Scottish Social Services Council, codes of conduct for social service workers and employers.

3. The provider should develop systems to ensure the views of services users, their families and representatives are sought to support good communication and identify areas for improvement.

This is to ensure that this is consistent with the Health and Social Care Standards which states; I experience high quality care and support that is right for me and; I have confidence in the organisation providing my care and support.

**Grade:** 2 - weak

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

### Previous requirements

#### Requirement 1

The service provider must ensure that when a service user's needs change that this is reflected in their risk management and that all relevant risk assessments are up to date and accurate.

The service provider must ensure that all service user support plans are up to date, and reviewed every 6 months or in accordance with the changing needs of the service user.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210 Regulation 5 – Personal plans  
(2)(b) review the personal plan

A provider of a care service must –

- (ii) when there is a significant change in a service user's health, welfare or safety needs; and
- (iii) at least once in every six month period whilst the service user is in receipt of the service;

Timescale: 3 months from receipt of this report.

**This requirement was made on 31 May 2017.**

#### Action taken on previous requirement

We found little evidence that the service had progressed with this requirement and have re-instated it.

**Not met**

#### Requirement 2

The provider must ensure that when a service user's needs change that this is reflected in their risk management and that all relevant risk assessments are up to date and accurate. In order to achieve this, the service must:

- Carry out a review of all service user care and support plans.
- Ensure that all care and support plans are up to date with relevant information about the service user's support needs.
- Ensure that all care and support plans are reviewed every six months.
- Ensure that all identified risks in respect of a service user's care and support are documented and an appropriate plan is put in place to manage such risks.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210 Regulation 5 – Personal plans

(2)(b) review the personal plan

A provider of a care service must -

- (ii) when there is a significant change in a service user's health, welfare or safety needs; and
- (iii) at least once in every six month period whilst the service user is in receipt of the service;

Timescale: To be completed by 7 November 2017.

**This requirement was made on 31 May 2017.**

#### Action taken on previous requirement

We found little evidence that this requirement had been met and have re-instated it

**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 ensure that service users and their families are aware of cover arrangements in the event that staff are sick or absent.

National Care Standards Care at Home: Standard 1 - Informing and Deciding.

National Care Standards Care at Home: Standard 3 - Your Personal Plan.

**This recommendation was made on 31 May 2017.**

#### Action taken on previous recommendation

We did not see that the service had made sufficient progress with this recommendation. We have made a requirement regarding communication with service users and relatives.

#### Recommendation 2

The service provider should make sure that all staff maintains accurate records of the care they provide to service users and of their contact with service users and their representatives. This will ensure that the service provider can monitor the quality of the service.

National Care Standards Care at Home: Standard 4: Management and Staffing.

**This recommendation was made on 31 May 2017.**

#### Action taken on previous recommendation

We found at this inspection that records of visits and contact with service users was better recorded. Further improvements need to be made about evaluation of the information. We will continue to monitor this.

## Recommendation 3

To ensure that service users know who is attending to their care from day-to-day, the service provider should make sure that they receive this information in advance. Where changes need to be made service users should be informed. Systems should be put in place to ensure this level of communication is consistently maintained.

National Care Standards Care at Home: Standard 4 – Management and Staffing.

**This recommendation was made on 31 May 2017.**

### Action taken on previous recommendation

Following our visits to service users' homes, we found that care staff had been removed or changed without any consultation with the service user. As this recommendation had previously not been implemented we have included this in a requirement about communication with service users and their relatives

## Recommendation 4

This recommendation was made following an upheld complaint.

Service users and their relatives/carers should expect that all complaints are recorded in line with the provider's policy and procedure. The service should provide the Care Inspectorate with a summary of the improvement actions which have been taken, and an overview of how this will be monitored on an ongoing basis.

National Care Standards Care at Home: Standard 11 – Expressing Your Views.

**This recommendation was made on 31 May 2017.**

### Action taken on previous recommendation

Throughout the inspection process we found little evidence that the service was managing its complaints effectively. We will reinstate this recommendation.

## Recommendation 5

It is recommended that the provider develops a consistent way to record the administration of topical creams to track if administered as prescribed.

National Care Standards Care at Home: Standard 8 – Keeping Well – Medication.

- 1. You know that the service provider will find out and record details of your medication (type and dosage) in your personal plan. Your home care worker will know these and maintain a record in your home.

**This recommendation was made on 31 May 2017.**

### Action taken on previous recommendation

the service had made improvements in the recording of topical creams. This recommendation has been implemented

## Recommendation 6

It is recommended that the provider monitor staff applications to register with the Scottish Social Services Council (SSSC) to ensure staff are appropriately registered. In order to achieve this, the service should:

- Devise a tracker to monitor staff applications to the SSSC.

National Care Standards Care at Home: Standard 4 – Management and Staffing.

**This recommendation was made on 31 May 2017.**

#### Action taken on previous recommendation

The service had not implemented this recommendation and it has been re-instated.

### Recommendation 7

It is recommended that the provider updates its recruitment and selection policy to ensure that staff are aware of the consequences for failing to register with the SSSC. In order to achieve this, the service should:

- Update its recruitment and selection policy and ensure that all staff are made aware of this.

National Care Standards Care at Home: Standard 4 – Management and Staffing.

**This recommendation was made on 31 May 2017.**

#### Action taken on previous recommendation

The service had updated its recruitment policy and had made staff aware of their responsibility in registering with the SSSC.

### Recommendation 8

In order to ensure that service users and staff are supported, the service should develop a plan which shows that the manager has carried out audits within the service. Examples of these audits include:

- Monitoring staff registration with the Scottish Social Services Council (SSSC)
- Service user care reviews
- Staff supervision and appraisal
- Staff training.

National Care Standards Care at Home: Standard 4.5 – Management and Staffing.

**This recommendation was made on 31 May 2017.**

#### Action taken on previous recommendation

We did not find evidence to support the implementation of this recommendation. At this inspection we found further evidence to suggest that there was very little progress made to implement a thorough, robust quality assurance system and we have made a requirement about quality assurance and monitoring of the service provision

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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
5 May 2017	Announced (short notice)	Care and support Environment Staffing Management and leadership 3 - Adequate Not assessed 3 - Adequate 3 - Adequate
17 May 2016	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 5 - Very good 4 - Good
19 Jun 2015	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 4 - Good 4 - Good
23 Jul 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 4 - Good 4 - Good
12 Jul 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 4 - Good 3 - Adequate
29 Nov 2012	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 4 - Good 4 - Good
27 Jan 2012	Unannounced	Care and support Environment 5 - Very good Not assessed

Date	Type	Gradings	
		Staffing Management and leadership	5 - Very good Not assessed
14 Dec 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
24 Mar 2010	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
31 Mar 2009	Announced	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed 2 - Weak 2 - Weak

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