

The Beeches Care Home Service

14 Paddock View
Thorntoun Estate
Crosshouse
Kilmarnock
KA2 0BH

Telephone: 01563 572626

Type of inspection:
Unannounced

Completed on:
19 February 2021

Service provided by:
Thorntoun Limited

Service provider number:
SP2003002275

Service no:
CS2004070909

About the service

The Beeches care home is registered to provide care for ten adults with physical disabilities and health conditions who do not require on site or on call nursing care. The provider is Thorntoun Limited.

The service is situated on the Thorntoun estate between the villages of Crosshouse and Springside on the main bus route to Kilmarnock. The Beeches is a purpose-built care home with ten spacious ensuite bedrooms, some rooms have adaptations to aid the safe transfer of individuals. The property further benefits from a dining kitchen, lounge and enclosed outdoor space.

The stated aim of the service is to deliver the highest quality of support achievable to each person living in the house, based on the right of every person to have his or her ethnic and human rights, cultural diversity and individuality recognised, valued and respected.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by two inspectors from the Care Inspectorate.

What people told us

We spoke with people supported and observed interactions between staff and residents. Staff were caring and had a good understanding of individual care needs. An inspection volunteer contacted relatives by telephone to gather their views of the service. Feedback was positive, relatives told us that care was good and staff called regularly with updates, most were finding limited contact with their loved one difficult. Relatives were confident in contacting staff and that any concerns would be addressed.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

We evaluated how well people's health and wellbeing was supported. We found the performance of the service in relation to this quality indicator was adequate.

People were cared for by staff who were familiar with their needs, interactions between staff and residents were warm and caring. Relatives spoke positively about the care their loved one received and told us staff contacted them weekly with updates. Due to government restrictions on visiting and individual communication needs, some people had not had family contact for some time. We asked the manager(s) to be more aware of the potential impact of this on individual physical and mental wellbeing and be creative in facilitating essential family contact within guidance.

Staff were responsive to people's changing health needs and had accessed input from health services where needed. There were established relationships with external professionals including GP's, district nurses and dietician. This helped to ensure people got the right care and support.

People supported had very complex health needs and were well cared for, however, we were not able to see individual needs and the details of care being delivered. Personal plans required to be improved to clearly reflect people's health and wellbeing needs, how these would be met and the outcomes achieved. A requirement was made at the last inspection for the service to improve personal plans, this continues at this inspection with a new timescale (Requirement 1).

The communal areas around the home had been adapted for the purposes of physical distancing. Some activities were taking place, we would like to see how these are tailored to individual need and preferences including planned 1:1 time. To improve the physical, mental, and emotional health of people, individual preferences for activities and engagement and how these will be delivered should be detailed in personal plans (Area for improvement 1).

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

We evaluated how well infection control practices support a safe environment for people experiencing care and for staff. We found the performance of the service in relation to this quality indicator was adequate.

The home was clean, uncluttered and well maintained. Equipment for the use of residents was clean. There were systems for checking and assuring cleaning standards could be maintained.

PPE access and disposal was good. We observed and spoke to several staff and were satisfied that they knew how to use and dispose of their PPE appropriately. Handwashing facilities and visual signage were located throughout the home. This helped to reduce the risk of spreading infection between people.

Enhanced cleaning schedules included frequent cleaning of touch points. The correct cleaning products were used; however, we were not confident the correct processes were always followed as per guidance to control infection (Requirement 2). The flow of laundry was not well managed meaning there was the potential for cross contamination.

There was no information to guide staff on the correct washing machine cycle to ensure the correct temperature was reached for thermal disinfection. Improvement was required to keep people safe. (Requirement 2).

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

Our focus in this inspection area was to establish if the staff team had the right competence, knowledge, and skills to support people in relation to COVID-19. We found the performance of the service in relation to this quality indicator was adequate.

There was no dependency assessment tool in use to calculate staffing levels, plans for a new electronic care management system will incorporate this. We found that there were sufficient staff on duty to respond to the care needs of individuals, however, staff were temporarily making meals and carrying out additional cleaning tasks. We asked the manager(s) to review the staffing levels because this was impacting on time staff had available to spend with people. (Area for improvement 2).

Staff had received Coronavirus Awareness and Infection Control training. Quality assurance included observation of staff practice to assess their competence in infection control. Staff had access to a Coronavirus folder which contained up to date and relevant care home guidance.

Staff felt supported by manager(s) and worked as a team. There was a detailed contingency plan in place and weekly staff testing for COVID-19, in line with guidance. This was good practice and assisted with the continued protection of people from harm.

People should be confident those caring for them are trained and skilled. There was a lack of evidence of staff training and development and competence assessment to meet the needs of people supported and protect them from harm. A requirement was made at the last inspection for the service to improve staff knowledge and skills, this continues at this inspection with a new timescale (Requirement 3).

So that people have confidence in how the service is led and managed all staff should receive supervision and appraisal from their line manager. We did not see evidence of this. An area for improvement was made at the last inspection for the service to ensure supervision and appraisal for staff and the manager and this was not met, therefore, this has been included in a requirement made at this inspection (Requirement 3).

There were temporary management arrangements in place. The manager should receive supervision and be supported to further develop the existing quality assurance measures to ensure identified improvements are met. The service development plan should be updated and reflect engagement with residents and staff. (Area for improvement 3).

Requirements

1. By 19 May 2021 the provider must improve personal plans to fully address the assessed needs of individuals. In particular the provider must ensure personal plans:

- 1) contain sufficient details about people's needs, including (not limited to) health and wellbeing (including mental health), communication and management of COVID-19
- 2) demonstrate monitoring and contain accurate records relating to peoples' health and wellbeing
- 3) reflect the current needs of the individual and provide staff with appropriate training and guidance on how to best support them and manage any risks presented

- 4) contain protocols which reflect good practice guidance in relation to the administration of as required medication
- 5) Signposting to additional documents such as medication, skin care and nutrition charts and meaningful activity
- 6) detail clear outcomes for individuals

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices.' (HSCS 1.15)

And

'I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me.' (HSCS 3.4)

This is in order to comply with Regulation 4(1)(a) - to make proper provision for the health and welfare of service users; of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210)

2. By 5 March 2021, the provider must ensure that safe infection control practices are followed at all times. In particular ensure:

- 1) good practice in infection prevention and control is promoted in the care service at all times;
- 2) the management and processing of laundry is in line with current Health and Safety guidance; and
- 3) environmental cleaning is carried out in line with guidance. COVID-19: Information and Guidance for Care Home Settings (Adults and Older People)

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

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

3. By 19 May 2021 the provider must ensure that people are supported by a staff group fully trained to meet their assessed needs. To achieve this the provider should:

- 1) produce a training needs analysis and staff development plan that reflects the training the staff group require
- 2) maintain accurate records of training received by staff and refresher timescales
- 3) ensure that there is an effective system in place to evaluate the effectiveness of training and its impact upon staff practice
- 4) ensure all staff receive regular supervision and appraisal, using this to update the staff development plan

This is in order to ensure that care and support is consistent with the Health and Social Care Standards that 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)

This is in order to comply with Regulation 15 (b) (i) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. The manager should ensure that all people have access to a range of meaningful activities each day that are suited to their needs and that contribute to their physical and mental wellbeing. Staff should be appropriately trained to support people to achieve this.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards that state that:

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day.' (HSCS 1.25)

2. The manager should ensure that people receive the right level of care at the right time by demonstrating how staffing levels are assessed and reviewed.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

'My needs are met by the right number of people.' (HSCS 3.15)

And

'I can choose to have an active life and participate in a range of recreational, social, creative and learning activities everyday both indoors and outdoors.' (HSCS 1.25)

3. To strengthen existing governance and ensure robust quality assurance processes are in place the provider should ensure the following:

- 1) Further development of audit processes and documents to formalise them across all areas, ensuring that standards/ expectations are clearly identified. This should include, (not limited to) recruitment, care planning, supervision and appraisal and training
- 2) Review the quality assurance policy and procedures to reflect developments
- 3) Review and update the service improvement plan

This is to ensure that care and support is consistent with the national 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

'I use a service and organisation that are well led and managed.' (HSCS 4.23)

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

Requirements

Requirement 1

To ensure staff have the right information to meet people's needs and keep them safe, the manager should ensure that support plans have:

- 1) sufficient details about people's health (including mental health) needs and the support required with these.
- 2) Protocols which reflect good practice guidance in relation to the administration of as required and rescue medication.
- 3) reflect the current needs of the individual and provide staff with appropriate guidance on how to best support them and manage any risks presented.
- 4) Clear outcomes for individuals
- 5) Signposting to additional documents such as risk assessments, protocols and management plans.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices (HSCS 1.15)

And

I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me (3.5)

Timescale for completion: 1st January 2019

This requirement was made on 21 August 2018.

Action taken on previous requirement

We found that people were supported by staff who knew them and we had no concerns about staffs knowledge or the care provided, people were well cared for. This was evident from our observations and records relating to people's weight and skin care for example.

However, the care being delivered was not well documented and personal plans did not contain sufficient information about people's needs and how these should be met. Personal plans were not person centred and did not detail people's individual preferences and wishes. A requirement was made at the last inspection for the service to improve personal plans, this continues at this inspection with a new timescale (Requirement 1).

Not met

Requirement 2

The provider must ensure that all staff have the knowledge and skills to meet the needs of the people they are supporting.

In order to achieve this, the provider should consider:

- (i) A training needs' analysis which takes the aims and objectives of the service and the needs of people using the service into account should be undertaken for all staff employed by the service.
- (ii) The training plan details numbers and designations of staff, the dates when each course was last completed and when training or refresher training is to be delivered.
- (iii) A formal induction process is implemented and recorded
- (iv) Full and accurate records of training, including induction training, are maintained in a format which permits auditing by management and regulators.

This is to ensure that care and support is consistent with the national 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 (3.14).

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).Regulation 15(a)(b) (i)(ii) - Staffing

And

SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale for completion 1st January 2019

This requirement was made on 21 August 2018.

Action taken on previous requirement

Induction for new staff involved a period of shadowing and completion of training relevant to the role. Care staff complete a comprehensive induction manual that provides information and checks understanding of the job role and aspects of care such as adult protection, falls prevention, skin care and nutrition. We could see that training had been identified for staff and some planning on how and when training would be delivered, however plans were disrupted due to the Coronavirus pandemic. Essential training in infection control, Coronavirus Awareness and moving and handling were prioritised.

There were systems in place to record training that had been completed and identified refresher timescales, however these were not up to date, accurate or complete. While progress had been made, we discussed with the manager(s) where further improvements were needed with staff development. A requirement was made at the last inspection for the service to improve staff knowledge and skills, this continues at this inspection with a new timescale (Requirement 3).

Not met

Requirement 3

The provider must evidence practice in line with safer recruitment procedures to safeguard people who use the service and meet legal requirements.

In order to demonstrate this:

- the recruitment policy and practice must be updated and strengthened to reflect best practice guidance 'Safer Recruitment through Better Recruitment' (Scottish Government, updated 2016).
- quality assurance processes must monitor and check that recruitment approaches are being carried out in line with the best practice.

This ensures that care and support is consistent with the Health and Social Care Standards, which state:

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

It is also necessary to comply with Regulation 9 (1) (Fitness of Employees) of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: by 1 November 2018.

This requirement was made on 21 August 2018.

Action taken on previous requirement

The service had a recruitment policy in place. We looked at recruitment records and found that each person had an application form, PVG and reference checks in line with the policy. We made suggestions to the manager(s) on where further strengthening of existing policy and practice could be achieved, however the requirement was met overall.

Met - outwith timescales

Requirement 4

To support the identification of areas requiring action and the continuous improvement of the service, the manager should ensure that robust quality assurance processes are in place. This includes (but not limited to):

- 1) Further development of audit documents to formalise them across all areas, ensuring that standards/ expectations are clearly identified.
- 2) Actions taken to address issues raised are clearly identified.
- 3) There is a local quality assurance policy and procedure in place detailing process and systems used.

This is to ensure that care and support is consistent with the national 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)

Timescale for completion: 1st January 2019

This requirement was made on 21 August 2018.

Action taken on previous requirement

There were a number of daily, weekly and monthly checks in place. Monthly audits were carried out in key areas including medication, environment & cleaning, care and nutrition. These were contributing to keeping people safe. Monthly audits were being carried out by senior staff, these identified areas for corrective actions. The audits and actions identified were cross checked by another manager.

There was a quality assurance policy in place. Continued development of existing quality assurance measures is an area for improvement in this inspection (Area for improvement 3).

Met - outwith timescales

Requirement 5

The provider must ensure that all health and safety checks are undertaken as required and action is taken to address any issues raised in a timely manner.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.(HSCS 4.14)

And

SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale for completion: 31st October 2019

This requirement was made on 26 July 2019.

Action taken on previous requirement

People had Personal Emergency Evacuation Plans. Maintenance certificates were up to date and safety checks were in place. The manager was working with the Scottish Fire and Rescue Service to provide information requested to facilitate their remote auditing process that is in place due to Coronavirus restrictions.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement**Previous area for improvement 1**

To demonstrate a progressive approach, staff at the service should be conversant with the most up to date, innovative and effective advances in communication aids and approaches to support people who do not have verbal communication.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

Reflecting "I am supported to communicate in a way that is right for me, at my own pace and by people who are sensitive to me and my needs". (HSCS 2.8)

This area for improvement was made on 26 July 2019.

Action taken since then

Staff were aware of individual nonverbal communication and responded to this. We observed staff appropriately redirect individuals showing signs of anxiety or distress. Personal plans did not contain sufficient information about communication. Staff had not received training in the use of communication aids to support people who do not have verbal communication. An area for improvement was made at the last inspection for the service to improve staff knowledge of communication aids, this is included in a requirement made at this inspection (Requirement 1).

Previous area for improvement 2

The manager should evidence how people are better supported to take part in activities, be engaged and stimulated. This is to ensure that people are able to choose to participate in a range of activities suited to their needs and that contribute to their physical and mental wellbeing, and that staff are appropriately trained to support people achieve this.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I can choose to have an active life and participate in a range of recreational, social, creative, physical and

learning activities everyday, both indoors and outdoors (HSCS 1.25)

And

I can maintain and develop my interests, activities and what matters to me in the way that I like. (HSCS 2.21)

This area for improvement was made on 26 July 2019.

Action taken since then

We observed staff engage in activities with some of the people supported, such as colouring and bowling. Personal plans did not contain sufficient information about an individual to plan meaningful activities suited to their needs. Meaningful activities are important to promote physical and mental wellbeing. We could not see if staff spent time with people on a 1:1 basis or how and when they engaged with individuals who preferred to spend time in their bedroom.

This area for improvement is repeated at this inspection (Area for Improvement 1).

Previous area for improvement 3

To promote and safeguard the rights of people who are assessed as lacking capacity to make decisions, including those subject to Guardianship orders and power of attorney, the manager should ensure that staff practices are underpinned by the current legislation and best practice in this area. This should include that staff are conversant with the Mental Welfare Commission Publication Rights, Risks and Limits to Freedom, the Adults with Incapacity (Scotland) Act 2000 and relevant publications from the Office of the Public Guardian.

This is to ensure that care and support is consistent with the national 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 (3.14).

This area for improvement was made on 26 July 2019.

Action taken since then

Staff were familiar with the Mental Welfare Commission Publication Rights, Risks and Limits to Freedom, this was available in the staff office. The manager had a register in place to record and monitor legal rights and to ensure documentation was updated as required. This area for improvement was met.

Previous area for improvement 4

The process for the recording and administration of topical medications needs improving to ensure that staff have accurate information and that people receive the right medication at the right times.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24)

This area for improvement was made on 26 July 2019.

Action taken since then

There were no records in place for the administration of topical medications during this inspection. Prescribed as required topical medications were not being applied because there were no issues with skin integrity. We explored this with the manager(s) and staff and were confident they were knowledgeable in assessing skin care and recognising changes that would indicate as required creams were needed and how administration would be recorded. This area for improvement was met.

Previous area for improvement 5

The provider needs to ensure that there is sufficient governance, support and development available to the manager of the service to ensure that care and support is consistent with the national health and social care standards which state that:

I use a service and organisation that are well led and managed. (HSCS 4.23)

This area for improvement was made on 26 July 2019.

Action taken since then

Since the previous inspection there had been change(s) of manager. As a temporary measure the manager of The Elms was also managing The Beeches. Improvements in the atmosphere and culture had been beneficial for the service and staff felt supported. We could see the general manager was providing governance and support to the manager. Some progress had been made in this area. We discussed with the manager(s) where further improvements were needed with staff development. An area for improvement was made at the last inspection for the service to ensure support for the manager, this has been met. Supervision of the manager and staff is included in a requirement made at this inspection (Requirement 3).

Previous area for improvement 6

The manager should ensure that the service development plan supports the understanding of what issues need addressing and the actions required to take the service forward, including who is responsible for these and how they will know when this has been achieved.

This is to ensure that care and support is consistent with the national 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

I use a service and organisation that are well led and managed. (HSCS 4.23)

Action taken on are for improvement:

This area for improvement was made on 26 July 2019.

Action taken since then

The service had both a contingency plan and a service development plan in place. We suggested that an inclusive approach be taken with the team to update the development plan and set SMART actions for continued improvement. This area for improvement is repeated at this inspection with a new timescale (Area for Improvement 3).

Previous area for improvement 7

The manager should ensure that the service has up to date, relevant policies and procedures in place to inform and guide staff.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11)

This area for improvement was made on 26 July 2019.

Action taken since then

The service had a broad range of policies and procedures in place, these had been reviewed in January 2021. This area for improvement has been met.

Previous area for improvement 8

The provider must evidence how staffing levels are assessed to ensure health, safety and positive outcomes for those using the service.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

My needs are met by the right number of people (HSCS 3.15)

And

I can choose to have an active life and participate in a range of recreational, social, creative and learning activities everyday both indoors and outdoors. (HSCS 1.25)

This area for improvement was made on 26 July 2019.

Action taken since then

There was no dependency assessment tool in use to calculate staffing levels, plans for a new electronic care management system will incorporate this. We found that there were sufficient staff on duty to respond to the care needs of individuals, however, staff were temporarily making meals and carrying out additional cleaning tasks. We asked the manager(s) to review the staffing levels because this was impacting on time staff had available to spend with people. This area for improvement has been repeated at this inspection with a new timescale (Area for Improvement 2).

Previous area for improvement 9

To support the personal and professional development of staff, the manager should ensure that supervision and appraisals are undertaken as per the organisations policy.

The manager should also ensure that the quality and content of these is consistent and evidences discussion of relevant areas including the planning and reviewing of actions to be taken forward.

This is to ensure that care and support is consistent with the national 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 (3.14).

Has the area for improvement been met? Not met

This area for improvement was made on 26 July 2019.

Action taken since then

Some new staff had received supervision as part of their induction process. Not all staff received regular supervision or appraisal as per the organisations policy timescales. An area for improvement was made at the last inspection for the service to ensure staff supervision, this is included in a requirement made at this inspection (Requirement 3).

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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