

Care service inspection report

Full inspection

Hogganfield Care Centre Care Home Service

1791 Royston Road
Millerston
Glasgow

Service provided by: Hogganfield Care Limited

Service provider number: SP2012011794

Care service number: CS2012307040

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

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

What the service does well

The service is situated close to local amenities.

The garden is secure and can be accessed by all residents.

What the service could do better

As part of the registration process the Care Inspectorate set conditions under which the service must operate.

When this service was registered, condition number 4 was applied. The condition consists of 4 requirements and 13 recommendations which the provider had to implement. As a result of the inspection findings we concluded that the provider had not complied with Condition 4 of the Conditions of Registration.

During the inspection we had serious concerns about all aspects of the service provision.

The areas of concern are ones that directly impact on the safe and positive care of vulnerable residents and reflect poor nursing and care standards. It reflects unsatisfactory management and leadership of the service.

The provider needs to improve all aspects of this service. There needs to be improvement in:

- The management and leadership of the service
- How residents care is given and recorded
- How residents are offered choice and their dignity protected
- How staff practice is monitored
- The cleanliness and safety of the building.

What the service has done since the last inspection

The service was registered with the Care Inspectorate on the 16 April 2015.

This is the service's first inspection.

Conclusion

The provider assured us that it understood the areas of concern and was eager to work with us to improve the service.

The provider was able to present an initial plan to address the immediate areas of concern and assured us that work had already commenced. The provider was confident that the plan was realistic and achievable and that it would lead to improvements that could be sustained.

Additional managerial support was being provided to help develop the action plan and support the manager in the execution of the development plan.

Because the provider agreed to work with us to improve the service and had taken some corrective action, we will not take enforcement action at this stage. However, the provider must understand that if significant improvement is not made, the Care Inspectorate will consider if enforcement action is required.

We will provide guidance to support the provider in its responsibility to improve the service.

The provider has agreed to submit a weekly update to us to enable us to monitor progress.

We expect this to be provided each Monday morning no later than 10am.

1 About the service we inspected

Hogganfield Care Centre (referred to in the report as "the service") was registered with the Care Inspectorate on the 16 April 2015 to provide a care service for a maximum of 44 older people including two respite or short stay placements.

At the time of the inspection 45 people (referred to in the report as "residents") lived at the service. This is discussed in the report.

Thirteen of the residents were under the age of 65 and 11 of these were under the age of 60. This is discussed in the report.

The service is owned and managed by Hogganfield Care Limited (referred to in the report as "the provider").

The service is situated in Glasgow and has an open outlook over Hogganfield Loch. It is close to local amenities and bus services to the surrounding areas including Glasgow City centre.

The accommodation is over three levels with communal lounges, a conservatory and dining areas situated on the lower levels. The upper levels are accessed by lifts or stairs. There are separate kitchen, laundry and staff facilities in the home.

There are 46 bedrooms at the service. Of these, six were shared bedrooms and 40 were single bedrooms. Seven of the 40 single bedrooms were unoccupied at the time of inspection.

There is a secure garden area for residents use. Some parking facilities are available at the front of the building.

The aims and objectives of this service state every resident is "to be treated as an individual" and to receive "the encouragement to attain a high quality life irrespective of your health needs."

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 1 - Unsatisfactory

Quality of environment - Grade 2 - Weak

Quality of staffing - Grade 1 - Unsatisfactory

Quality of management and leadership - Grade 1 - Unsatisfactory

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website

www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We wrote the report after an unannounced inspection that took place at the service on the following dates and times:

12 August 2015 between the hours of 14:00pm and 21:00pm

13 August 2015 between the hours of 9:30am and 16:00pm

17 August 2015 between the hours of 14:40pm and 18:00pm

18 August 2015 between the hours of 9:50am and 15:30pm

19 August 2015 between the hours of 10:50am and 17:00pm

20 August 2015 between the hours of 9:45am and 17:00pm

The inspection was carried out by two Inspectors.

Concerns identified during the inspection were discussed with the provider and manager at the time in order that remedial action could be taken to reduce potential risk to residents.

The provider telephoned and emailed the inspectors between the 20 August 2015 and the 31 August 2015 to update them on progress regarding action we had requested.

The outcome of the inspection was formally discussed with the provider at a meeting of the 31 August 2015 at the Care Inspectorate's Paisley office. A representative of Glasgow City Council attended the meeting.

During the inspection we gathered evidence from various sources, including the relevant documentation which included:

- The service's self-assessment document, which we asked them to complete

before the inspection

- A sample of residents support plans and supporting documentation
- Accident and incidents records
- Medication administration records
- Maintenance records
- Staff off duty
- The number and ages of residents living at the service
- Registration certificate and staffing schedule
- Insurance certificate
- Quality assurance system

We observed the following:

- Staff practice and interaction with residents and their fellow workers
- The general environment
- How residents spent their day.

We measured the provider's progress in meeting condition 4 of the conditions of registration.

We used the Short Observational Framework for Inspection (SOFI 2) to directly observe the experience and outcomes of people who were unable to tell us their views.

We had discussions with various people including residents, three relatives, the manager, deputy manager, maintenance staff, housekeeping staff, night duty register nurse and three care staff, registered nurses and some care staff who were on day duty during the inspection.

We took account of the content of Care Standard Questionnaires which 12 staff (20 were issued) completed to share their views about how the service was provided. They returned the questionnaires to us before the inspection.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and

support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: No

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

Each year we ask the manager to complete a self-assessment of the service. This gives the manager an opportunity to say what they think the service does well, some areas for development and any changes they planned.

We received a fully completed self-assessment document from the manager. The manager identified what they thought the service did well, some areas for development and any changes they planned.

The manager's assessment of the quality of the service did not correspond with our findings at this inspection.

The manager thought the service operated at a very good level across all Quality Statements.

During the inspection we assessed that the service operated at a weak and unsatisfactory level across the Quality Statements which we inspected against.

Our grading for the Quality Statements reflects the evidence we found during Inspection.

Taking the views of people using the care service into account

Before the inspection we issued forty Care Standard Questionnaires to the service for distribution to residents. This was to offer them the opportunity to share their views of the service.

None were returned to us before the inspection.

We spent time each day in the communal areas speaking in general conversation with residents. This was to offer them the chance to share their views about the service. It also offered us an opportunity to see how residents spent their day and how staff interacted with them.

Some residents were unable to easily verbalise their views of the service or how staff cared for them. In those instances we observed the interaction between staff and residents to form a view. In most instances residents looked comfortable around staff when there was contact.

Most of the residents who were able told us they were happy living at the service and were complimentary about staff and how they were cared for.

Two residents expressed the view that it was the worst place they had ever lived.

Direct comments included:

- "I am happy here"
- "Good to have an en-suite"
- "Staff are very nice"
- "I don't have a key to my room"
- "Not a lot of the old people can communicate with me"
- "Staff are helpful"
- "No complaints"
- "Fed up sitting here all day - there is nothing to do"
- "Place is a dump"
- "It is like a prison."

Taking carers' views into account

Before the inspection we issued forty Care Standard Questionnaires to the service for distribution to relatives. This was to offer them the opportunity to share their views of the service.

None were returned to us before the inspection.

During the inspection we spoke with three relatives who expressed very positive comments about the quality of the care provided to their family member.

One relative called the Care Inspectorate office to express their high level of satisfaction with the quality of the service.

Direct comments included:

"Great place, I would recommend it."

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 1 - Unsatisfactory

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

Service strengths

The service was demonstrating weak practice in areas covered by this Quality Statement.

To assess this statement we considered how residents were offered choices on a day to day basis.

During the inspection we found that the provider had a statement in place stating that residents participation was important when assessing and improving the quality of the service provided.

A number of consultation methods were used to gather residents and relatives views. These included: involvement in devising care plans, care reviews, suggestion box, satisfaction survey, meetings and verbal comments.

We saw that a "You said, We did" notice was displayed at the entrance detailing how staff had responded to residents comments.

A notice was also displayed requesting that relatives become involved in planning their family members care.

Residents told us that no restrictions were placed on the time they rose in the morning or retired to bed at night.

Areas for improvement

Aspects of the way staff offered and responded to residents choices on a day to day basis were unmet in a way that gave us cause for concern.

We saw:

- Staff regularly use language such as "sit down", "stop that", "don't do that" when speaking with residents. There was no obvious reason why residents should have stopped their intended actions as these did not put them or others at risk. Staff did not appear to understand that the use of such language could be considered as restricting residents freedom of movement
- We saw several examples where staff did not respond to residents choices. We saw staff ignore a residents request not to put music on and juice was given when residents asked for tea. Staff dismissed a residents request for a cigarettes stating they "did not smoke". However the care plan detailed the resident did smoke. We concluded that staff did not know or take account of residents preferences on a day to day basis
- Residents told us they could not have a key to lock their bedroom door and so relied on staff securing their room and allowing them access.

We concluded that staff need to get better at responding to residents choice. (See Requirement 1).

We looked at residents agreements to sharing bedrooms. We saw that residents who had been assessed as lacking capacity to make decisions under the Adult with Incapacity (Scotland) Act 2000 had signed agreement to share bedrooms. There was no evidence that a representative had advocated on their behalf. We question the residents ability to understand the options open to them when considering sharing a room with someone they had no previous relationship with.

(See Recommendation 2).

Under condition 4 of the Conditions of Registration, recommendations were made that the provider should involve residents and their relatives in devising care plans, offer a copy of the care plan and provide information about the level of meaningful activities the service could provide. The content of care plans were so weak that it was difficult to establish if this occurred. We concluded that the provider had not met this part of condition 4.

As condition 4 is a registration condition we will monitor compliance at the next inspection. We expect condition 4 to be fully implemented by the 30 December 2015.

The provider needs to consider Mental Welfare Commission for Scotland publications which would help guide staff in ethics and how best to promote and respect residents rights.

Grade

2 - Weak

Requirements

Number of requirements - 1

1. The provider must ensure an ethos of respect is promoted at the service. The provider must ensure that staff treat residents with respect at all time, protect and promote their interests and listen and respond to residents choices.

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)(b) - Welfare of users

Timescale: To commence within 24 hours of receipt of this report for completion by the 30 December 2015.

Recommendations

Number of recommendations - 1

1. It is recommended that the provider review residents agreements to sharing bedrooms and ensure residents are supported by an independent advocate to act on their behalf.

This is in accordance with the National Care Standards for care homes for older people, Standard 11 - Expressing your views and Standard 16 - Private life.

Statement 3

“We ensure that service users' health and wellbeing needs are met.”

Service strengths

The service was demonstrating unsatisfactory practice in areas covered by this Quality Statement.

To assess this statement we looked at a sample of personal plans and associated documentation, observed how residents spent their day, how meals were served and how staff interacted with residents.

We measured progress in meeting the requirements and recommendations made at registration under the Conditions of Registration, condition number 4.

Residents told us that kitchen staff offered alternative meal choices when they did not like the menu. A selection of snacks and fresh fruit was offered throughout the day.

We saw some examples of nice interaction between staff and residents particularly with the younger client group.

Residents looked comfortable around staff when there was contact.

Areas for improvement

Aspects of this statement were unmet in a way that gives significant cause for concern.

The areas of concerns detailed in this statement are about basic professional care practices that we would expect to be delivered by the workforce that includes trained nursing and care staff.

At this stage the inability to provide basic care in a number of key healthcare areas increases the risk to residents that they will experience poor outcomes such as medication not administered as prescribed, inadequate skin care or falls not managed properly.

The areas of significant concern were in respect of the management of residents nutrition and weight, medication, skin care, managing stress and distress, mental health, mobility, falls, oral hygiene and stimulation.

We also had serious concerns about staff ability to meet the diverse care needs of a client group ranging from young people to older people. The provider should work with the local authorities to review the care needs of all residents of all ages and ensure their care needs can be met at the service. We will monitor progress at the next inspection.

Our concerns were fully discussed with the provider but the following samples illustrate examples of our concerns.

We saw poor presentation of residents appearance for example stained clothing, no stockings, hair not combed. As a result residents dignity was not preserved. While we acknowledge that residents appearance were better on subsequent days, this does not detract from the fact that residents appearance must always be of a good standard.
(See Requirement 1).

Residents personal belongings including toiletries and oral hygiene equipment were not maintained and as a result were dirty. Toothbrushes were dirty and stored next to dirty hairbrushes or razors or the bottom of dirty baskets. This could cause infection.
(See Requirement 2).

We saw residents with wounds on their legs which appeared to be caused by trauma for example banging against a table. However we could find no accident reports to indicated injury had been sustained.

Staff we spoke with were not aware of the wounds/skin tear. There was no record of the care staff gave to prevent the skin tears becoming chronic wounds with prolonged healing, causing residents unnecessary pain and distress. In addition there was no accurate overview of the number and type of wounds in the service or monitoring of the care provided to make sure these were healing.

(See Requirement 3).

Medication management was unsafe:

- Controlled medication was not managed safely. We saw a controlled medicine which did not detail the name of the resident for whom it was prescribed. Consequently there was no way of knowing who it was prescribed for or the reason. As such it should not have been on the premises. Registered nurses had taken no action to rectify the situation even although they carried out audits each day to make sure controlled medication was accurate. The stock control and audit system had not identified this serious issue and was therefore not effective in keeping an accurate record of medication on the premises. We instructed that the pharmacy be contacted as a matter of urgency to establish who the medication belonged to. This was done before we left the building
- Medication must be administered as prescribed in order to benefit residents health. We saw medication with potentially serious side effects if not given as prescribed, was not administered as instructed. Registered nurses did not identify this or the consequences to residents health. We instructed that staff contact the supplier as a matter of urgency and make them aware of the situation to ensure residents health needs were met
- There were gaps on the Medication Administration Records (MARs) where staff had not signed. This made it difficult to know if the medication had been given as prescribed or not. The carer notes on the reverse had not been completed to clarify why the MARS was unsigned. As previously stated resident must receive medication as prescribed to help maintain their health
- Handwritten narratives on the MARs were difficult to read, were not signed by two staff, dated and did not detail who authorised the medication. Because the narratives were so difficult to decipher it was hard to know

- what medicines were to be administered and the dose
- Homely remedy medication was not managed safely. The recorded balance did not correspond with stock and staff could provide no explanation for the missing medication
- Homely remedy medication on the premises did not correspond with the homely medication list. Consequently if residents were in pain they were unable to receive analgesia to help relieve the pain because no paracetamol was in stock.
- Homely remedies are medicines for minor ailments that can be bought over the counter such as paracetamol. (See Requirement 3).

We observed how residents spent their day. For many there was little stimulation or interaction with staff out with care tasks.

Many older residents spent their day in one area of the building staring into the room. Some residents in the "movie room" were placed in positions where it was impossible to see the screen so sat all day looking into the room.

Staff did not offer residents the option of moving to another part of the room or areas of the building.

Other residents sat in the "music room" where loud music played all day, even although they made it plain they did not like this. Staff did not notice residents discomfort, even when they called out asking for no more music. Staff did not offer residents the option of moving to other areas of the building. (See Requirement 4).

We saw examples where residents became very distressed. Staff did not display the skill to support and comfort the residents. This is discussed under Quality Theme 3 - Statement 3.

Under condition 4 of the Conditions of Registration, requirements and recommendations were made about the content of care plans and assessing residents' care needs. We sampled a selection of care plans and came to the conclusion that the provider had not met this part of condition 4.

We found that substantial work was needed to make sure care plans accurately reflected what care residents needed and how staff would provide this. We shared examples with the management team at feedback to ensure they were fully aware of the areas needing to improve.

In summary:

- Residents care needs to be reassessment more vigorously and often to make sure the information is up to date and care is given as needed
- Care plans did not accurately reflect all aspects of residents support needs including but not limited to, mental health, stress and distress, nutrition, continence, skin care, mobility, falls, oral hygiene. Plans need to reflect all aspects of support to ensure staff give appropriate care
- Care plans and risk assessment were not updated when residents care needs changed or following accidents, incidents and post hospitalisation. Staff need to adjust the care they give to make sure it meet residents changing care needs
- Risk assessments were not updated when circumstances changed. For example a residents moving and handing risk assessment for the use of a hoist was not updated to reflect how the resident would be assisted when on all day outings and no hoist was available. This could lead to staff using inappropriate moving techniques which could cause the resident injury
- Evaluation of the effectiveness of planned care were not carried out in any meaningful way and so could not influence how staff cared for residents.

As condition 4 is a registration condition we will monitor compliance at the next inspection. We expect all of condition 4 to be implemented by the 30 December 2015.

The provider may find the following good practice document useful in helping to support staff in good care practice.

"Guidance about medication personal plans, review, monitoring and record keeping in residential care services" (Care Inspectorate August 2012)

"Promoting continence for people living with dementia and long term conditions" (Care Inspectorate 2015)

"Caring for people in the last days and hours of life" (Scottish Government

Guidance December 2014)

"Skin Tears Prevention, assessment and management" (NHS 2015). The workbook may help staff increase their understanding of the appropriate treatment for skin tears.

Grade

1 - Unsatisfactory

Requirements

Number of requirements - 4

1. The service provider must ensure that care and support is provided in a manner that promotes the dignity of service users. This is with specific reference to ensuring that service users personal appearance reflect the individual's preferences and are in line with the principles of the National Care Standards.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), Regulation 4

Timescale - To commence within 24 hours for completion by 30 December 2015.

2. The provider must put in place and implement a system and be able to demonstrate that the skin care needs of service users are regularly assessed and adequately met.

In particular you must:-

- (a) Ensure that the assessment and monitoring of skin problems and wounds, including those caused by trauma, is appropriate and up to date
- (b) Review, revise and improve wound care documentation to ensure that a clear complete and accurate record of care is kept
- (c) Ensure the service has an accurate overview of all wounds.

This is in order to comply with The Social Care and Social Work Improvement

Scotland (Requirements for Care Services) Regulations, SSI 2011/210 regulation 4(1)(a).

Timescale - To commence within 24 hours of receipt of this report for completion by the 30 December 2015.

3. The provider must ensure the health and welfare of residents and that there is a medication recording system that is safe, up to date, and accurate. To do this it must ensure:

- 1 A complete, accurate and consistent auditable record of all medicines entering, administered or destroyed, and leaving the service
- 2 That where a regular medicine is not given as prescribed a reason for this is clearly annotated on the Medicines Administration Recording [MAR] chart
- 3 That medication including homely remedies is available at the time of administration
- 4 That medication is clearly marked with the name of the person it is prescribed for
- 5 That handwritten narratives are legible, be dated and signed when changes made and should record who authorised the changes.

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.

Timescale: to commence within 24 hours of receipt and be completed by the 30 December 2015.

4. To promote residents well-being, good physical and mental health the service provider must ensure that activities are available for residents to take part in on a day to day basis and that those activities are responsive to the age, abilities and preferences of residents.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), Regulation 4

(1) (a)

Timescale - To commence within 24 hours of receipt of this report for completion by the 30 December 2015.

Number of recommendations - 0

Quality Theme 2: Quality of environment

Grade awarded for this theme: 2 - Weak

Statement 2

"We make sure that the environment is safe and service users are protected."

Service strengths

The service was demonstrating weak practice in areas covered by this Quality Statement.

To assess this statement we observed the environment and staff practice, looked at maintenance records, accident and incident records and staff rota. We measured progress in meeting the requirements and recommendations made at registration under the Conditions of Registration, condition number 4.

Systems were used to enhance the safety of the building. These included:

- A plentiful supply of liquid soaps and disposable gloves and these were accessible to staff. These were used as infection control measures to reduce potential harm to residents and staff
- Maintenance contracts were in place to maintain equipment such as hoists, lift, call system and boiler
- Visitors were asked to sign in and out of the building. This allowed staff to know who was in the building at any time
- Maintenance checks were completed for items such as water temperatures, emergency lighting, and electrical goods
- There were policies and procedures to direct staff about how to maintain residents safety. These included: infection control and adult protection.

Areas for improvement

Aspects of the safety of the environment were unmet in a way that gives us cause for concern.

We examined metal tubular bedrails used to help keep residents safe while in bed and saw these were not fitted correctly on two beds. When bedrails are not fitted properly there is a risk of entrapment for the residents who used these. We instructed that the bedrails be made safe as a matter of urgency to ensure residents safety.

While we acknowledge that bedrails were made safe when we instructed, it would be better if staff ensured these were fitted correctly at all times to ensure residents safety. Staff knowledge of safe use of bedrails needs to improve. There also needs to be a system in place to check how bedrails are fitted. We provided the manager with website links to access guidance on the safe use of bedrails.

(See Requirement 1).

The call system in some bedrooms and communal areas did not have leads which meant that unless residents could independently walk to the call system they could not summon assistance. We asked the provider to rectify this as a matter of urgency.

On the 9 September 2015 we received confirmation that all call bells in the building had been checked by the contractor and leads had been purchased and installed. A system had been implemented to ensure that the leads could not be removed from the call bell system. While we welcome the providers response it would be better if internal audit systems identified defects rather than the inspection process.

There were periods in sitting areas when residents were unsupervised. This meant that unless the residents could independently access and use the call bell, they were unable to summon assistance. Staff were not within hearing distance and would not have heard if a resident had called for help.

We discussed this with the manager at the end of the first inspection day who agreed to address this. While we saw an improvement in supervision levels on subsequent inspection days we will recommend that the supervision of sitting areas be reviewed.

(See Recommendation 1).

Staff practice did not always ensure residents safety. For example residents hot drinks were placed on the arms of chairs rather than on occasional tables. As a result the drinks could be easily knocked over resulting in scalds. (See Requirement 2).

Under condition 4 of the Conditions of Registration a recommendation was made about recording accidents and incidents and notifying families. The provider had not met this part of condition 4.

We came to this conclusion when we looked at accidents and incidents records. We saw that accidents recorded in residents daily notes were not recorded in the accident record and falls were recorded as "near miss" when clearly an accident. This gave an inaccurate overview of accidents at the service and residents health needs. It was unclear if residents representatives were informed when accidents took place. We concluded that staff were unable to accurately identify and report accidents and incidents.

As this is a registration condition we will monitor compliance the next inspections. We expect condition 4 to be fully implemented by the 30 December 2015

Staff start and finish their shift at staggered times - some staff begin their shift at 7am and others end their shift at 9pm to meet residents care needs. When we looked at the staff rota it was difficult to identify which staff were on duty during which hours. This was further complicated because only the first name of staff was recorded and no surname.

We acknowledge the managers view that staff knew who was on duty and when. However for the sake of clarity it would be better if the surname of staff on duty were recorded along with the time they start and end their shift. (See Recommendation 3).

The maintenance person had devised a system to record safety checks on equipment such as wheelchairs and window restrictors. This needs to be fully implemented to ensure a safe environment and we will monitor progress at the next inspection.

Grade

2 - Weak

Requirements**Number of requirements - 2**

1. The provider must ensure that the use of bedrails is managed in a safe manner that protects the health, welfare and safety of service users. In order to do so the provider must ensure that on-going risk assessment of suitability of the use of bedrails is carried out.

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) - a Regulation about the health, welfare and safety of users.

Timescale: to commence within 24 hours of receipt of this report and completed by 30 December 2015.

2. The provider must ensure that hot drinks and meals are served in a manner that protects residents' safety. In order to do so, suitable tables must be provided for residents when not at dining tables and drinks and meals are served.

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) - a Regulation about the health, welfare and safety of users.

Timescale: to commence within 24 hours of receipt of this report and completed by 30 December 2015.

Recommendations**Number of recommendations - 2**

1. It is recommended that the provider ensure that a system is in place to make sure that all residents are able to summon staff assistance when in the sitting

rooms. Residents care plans and risk assessments must reflect residents care needs in this area.

This is in accordance with the National Care Standards for care homes for older people, Standard 4 - Your environment and Standard 9 - Feeling safe and secure.

2. It is recommended that the provider ensure that the times staff begin and end their shift is recorded on the staff duty rota. Staff surnames should also be recorded.

This is in accordance with the National Care Standards for care homes for older people, Standard 4 - Your environment and Standard 5 -Management and staffing arrangements.

Statement 3

“The environment allows service users to have as positive a quality of life as possible.”

Service strengths

The service was demonstrating weak practice in areas covered by this Quality Statement.

To assess this statement we took account of residents' views, management of residents' belongings and observed the environment. We measured progress in meeting the requirements and recommendations made at registration under the Conditions of Registration, Condition number 4.

Some aspects of the environment had the potential to have a positive effect on residents' quality of life.

This included a nicely presented dining room which would contribute toward increasing residents' enjoyment of meal times.

Efforts had been made to enhance the garden area with garden furniture. We saw residents make good use of the garden and the fine weather. They told us they enjoyed being out in the fresh air and liked the garden.

Some single bedrooms were nicely furnished with personal belongings, photographs and ornaments and as a result some bedrooms were homely. Bedroom windows could be opened to ventilate their bedroom if they chose.

Residents with en-suite facilities told us they liked this because of the privacy it offered.

Areas for improvement

There were aspects of the environment which caused us concerns.

Residents told us they could not have a key to lock their bedroom door but did

not know why. We expect that all residents, unless there is a documented reason, should be able to lock their bedroom door to protect their privacy. (See Recommendation 1).

Residents told us that staff would lock and unlock their bedroom door when asked. However when we asked staff to unlock bedroom doors, they had difficulty accessing a key. This delay is unacceptable because we expect that staff will be able to quickly open bedroom doors in the event of an emergency. (See Recommendation 1).

There were six shared bedrooms in the building. We expect all provider's to have a plan to increase residents choice of single room accommodation. At the time of inspection seven single bedrooms were vacant but we could find no evidence that residents had been offered the choice of moving to a single room. (See Recommendation 2).

Some areas of the building were not hygienic and aspects did not protect residents' dignity and privacy. Our observations included:

- Shared bedrooms which did not have modesty curtains or privacy screens
- Residents' personal belongings including toiletries and clothing were not maintained to an acceptable standard
- Double bedrooms were cluttered and untidy and unpleasant to view
- Some equipment used by residents such as commodes, pressure relieving cushions, wheelchairs and nebulisers were dirty
- Areas of the building needed decorated - some woodwork and floor tiles were broken and chipped and could not be properly cleaned
- Some bedroom furniture was broken and needed replaced
- Staff used protective clothing inappropriately when attending to residents' in public areas when there was no risk of infection.

(See Requirement 1).

Residents' personal valuables, including a person no longer resident at the service, were stored in the medication cupboard. As only medication should be stored in a medication cupboard, this was not appropriate storage and increased the risk of belongings being misplaced.

Resident's belongings should be returned to the person or their representative when they no longer receive the service.
(See Recommendation 3).

There were excessive noise levels due to the volume of music and television. When a CD finished staff automatically turned it on at a high level. It is recognised that noise that is acceptable to care staff may be distressing and disorientating for a person with dementia. The service should consider how to reduce the background noise within units to improve the ambiance of the home for residents.
(See Recommendation 4).

The Provider may find the Care Inspectorate guidance, "Building better care homes for adults" (March 2014) useful when considering the refurbishment of the building.

Grade

2 - Weak

Requirements

Number of requirements - 1

1. The service provider must ensure that the care home is fit to be used for the purpose of a care home and protects the health, welfare and safety of residents.

In order to do the service provider must ensure the following:

- Carry out regular audits of the cleanliness of the environment and use the outcome to inform action plans to rectify issues identified
- Develop and implement cleaning schedules to guide care staff in cleaning and checking equipment used by residents such as toiletries, personal storage areas, wheelchairs, pressure relieving cushions, easy chairs and therapeutic recliner chairs
- Install modesty curtains in shared bedrooms
- Ensure staff use protective clothing appropriately

- Supply the Care Inspectorate with an action plan which will address the redecoration and refurbishment of the care home including timescales for completion of work to be carried out.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), Regulation 4(1)(a) and Regulation 10 (2) (a)

Timescale: to commence within 24 hours of this report for completion by the 30 December 2015.

Recommendations

Number of recommendations - 4

1. The provider should ensure that all bedroom doors have a lock which residents can use. A system should be devised to ensure that staff are able to access a key quickly in the event of an emergency.

This is in accordance with the National Care Standards for care homes for older people, Standard 4 - Your environment and Standard 5 - Management and staffing arrangements.

2. The provider should devise a plan to increase residents' choice of single bedrooms.

This is in accordance with the National Care Standards for care homes for older people, Standard 4 - Your environment

3. The provider should review the storage of residents' valuables. Proper procedures should be put in place to maintain a record of all valuables received for safe keeping at the service. This should detail the nature of the valuable, the date received, by whom and the date returned and to whom. When resident no longer receives the service their valuables should be returned to them or their representative.

This is in accordance with the National Care Standards for care homes for older people, Standard 4 - Your environment and Standard 5 -Management and staffing arrangements.

4. The service provider should ensure that staff are made aware of the impact that excessive noise can have on people with dementia and implement strategies to reduce noise in the home.

This is in accordance with the National Care Standards for care homes for older people, Standard 4 - Your environment and Standard 5 -Management and staffing arrangements.

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 1 - Unsatisfactory

Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

Service strengths

The service was demonstrating unsatisfactory practice in areas covered by this Quality Statement.

To assess this statement we observed staff practice, considered the content of staff questionnaires.

The provider had developed a selection of policies and procedures to guide staff in their work and to promote professional practice. These included: confidentiality, equal opportunities and whistle-blowing.

Twelve staff who completed questionnaires and returned these to us before the inspection were aware of all the policies. Ten of those 12 staff thought policies were fully implemented. This is discussed further under the areas for improvement section of this statement.

Care staff were registered or had applied for registration with the Scottish Social Services Council (SSSC). The SSSC is responsible for registering people who work in social services and for regulating their education and training.

Registered nurses, the manager and deputy manager were registered with the Nursing and Midwifery Council (NMC). The NMC is responsible for the regulation of registered nurses practice and education.

Areas for improvement

The concerns regarding the care and support of residents and the management of the safety of the environment (detailed in Quality Theme 1 and Quality Theme 2 of this report) led us to conclude there were gaps in staff knowledge, skills and practice which critically impacted upon the outcomes for residents and could adversely affect residents health and safety.

In summary staff showed an inability to accurately identify and report accidents and incidents, were unable to maintain a safe and hygienic environment and follow infection control procedures.

Staff were disrespectful of residents personal belongings and did not care for these at even a basic standard and as such did not fulfil basic key worker responsibilities.

Staff lacked the ability to protect residents dignity, offer residents choices and respond to their preferences. They were unable to recognise the boundaries of confidentiality and spoke openly about residents care needs within hearing of other residents.

Staff had a lack of awareness of the negative effects of prolonged noise. Staff were unable to safely manage residents medication, falls, skin care, oral hygiene, bedrails and nutrition.

We expect registered nurses and care staff to have the skills and knowledge to care for residents and keep them safe. That they are unable to do so reflects unsatisfactory professionalism, knowledge and practice. Quality Themes 1 and 2 are relevant to this.
(See Requirement 1).

Under condition 4 of the Conditions of Registration a recommendation was made that staff should keep accurate records. The provider had not met this part of condition 4. We came to this conclusion because we saw that staff made inaccurate records of activities residents participated in.

Two residents were noted to enjoy an activity despite one not being in the building and another being asleep. Recording inaccurate information is

dangerous and unprofessional as it gives an inaccurate account of residents support needs.

Inaccurate information was also recorded in relation to the amount of medication in the building. We expect registered nurses and care staff to be able to keep accurate records about how they give basic care. That registered nurses and carers were unable to do so reflect unsatisfactory nursing and care practice.

As this is a registration condition we will monitor compliance at the next inspection. We expect condition 4 to be implemented by the 30 December 2015. However we will make a separate requirement about this. (See Requirement 2).

Two staff questionnaires which were returned to us before the inspection expressed the view that staff did not implement the provider's policies and procedures. From our observation during this inspection we would agree with this observation.

When considering staff practice we concluded they need to take responsibility for their practice and how they care for residents. Staff need to consider how their practice negatively impacts on their ability to comply with the SSSC Code of Practice and The NMC The Code, Professional standards of practice and behaviour for nurses and midwives which outlines the professional standards that registered nurses must uphold.

The SSSC Code of Practice for Employers sets down employers responsibility to enable staff to strengthen and develop their skills and knowledge, including effective workplace assessment. (See Requirement 1).

The manager and staff may find the Care Inspectorate on line facility "The Hub" useful in accessing a range of resources that support continuous development and good practice guidance.

We also made a requirement under Quality Theme 1 - Statement 1 about staff needing to develop an ethos of respect. That requirement is also relevant to this Statement.

Grade

1 - Unsatisfactory

Requirements**Number of requirements - 2**

1. The provider must ensure that staff are adequately prepared and supported to carry out their work. Staff practice must be regularly monitored and evaluation of this recorded along with any necessary action. All training must be delivered timeously to ensure that residents' needs are met.

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 and Regulation 15(a) and (b)(i) and (ii)- Staffing.

Timescale: To commence within 24 hours of receipt of this report for completion by 30 December 2015.

2. The provider must ensure that all care records are recorded accurately. The manager should ensure that the care records are monitored and audited as part of the service improvement plan.

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.

Timescale: To commence within 24 hours of receipt of this report for completion by 30 December 2015.

Number of recommendations - 0

Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

Service strengths

The service was demonstrating weak practice in areas covered by this Quality Statement.

To assess this statement we observed how staff interacted with residents and fellow workers and considered the content of staff questionnaires.

Twelve staff completed and returned Care Standard Questionnaires to us before the inspection (20 were issued). The questionnaires allow staff to share their views about aspects of the service such as recruitment, induction and training opportunities.

Eleven (out of 12) questionnaires confirmed staff had been issued with a copy of the Scottish Social Services (SSSC) Code of Practice. This sets out the conduct that is expected of social service workers.

We saw that staff were polite toward each other.

Areas for improvement

We were concerned that staff did not demonstrate an ethos of respects toward residents or their belongings.

We came to this conclusion because we saw that staff did not care for residents in a discrete way that would protect their dignity. We saw staff speak openly in public areas, and within hearing of other residents, about residents care needs. For example, which residents wanted a shower or the toilet. This was not a respectful approach.

We saw examples of discourteous behaviour toward residents and disregard for their preferences and requests for assistance. For example requests to lower the volume of music were ignored.

Staff were disrespectful of residents personal belongings and did not maintain these at an acceptable standard.

Further examples are discussed under Quality Theme 1 - Statement 1 where we made a requirement about staff needing to demonstrate an ethos of respect.

The provider needs to consider how staff practice negatively impacts on their ability to comply with the SSSC Code of Practice.

Grade

2 - Weak

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 1 - Unsatisfactory

Statement 3

"To encourage good quality care, we promote leadership values throughout the workforce."

Service strengths

The service was demonstrating weak practice in areas covered by this Quality Statement.

To assess this statement we observed how the management team delegated tasks and organised the staff team on a day to day basis. We measured progress in meeting the requirements and recommendations made at registration under the Conditions of Registration, condition number 4.

There was a management structure at the service which consisted of a deputy manager, registered nurses, team leaders and seniors to support the day to day running of the service.

There was an expectation that the management team would delegate tasks and duties that were within other staff members scope of competency and ensure the smooth day to day operation of the service.

Areas for improvement

The lack of leadership at the service caused us concern. This was because the management team (the deputy manager, registered nurses, team leaders and seniors) did not execute their roles and responsibilities as outlined by the provider.

On a day to day basis the management team did not deploy or direct staff effectively, resulting in a lack of team working.

Staff were not adequately supervised and supported and as a consequence did not provide safe and compassionate care. The concerns we have about the care and support of residents are detailed in Quality Theme 1 and Quality Theme 2 of this report.

The management team had limited knowledge of the process and systems in use at the service. Even the most basic of information requests were referred to the manager.

We concluded there was an over reliance on the manager to direct all aspects of the service which diminished the management team's autonomy and ability to make decisions. This negatively affected the day to day running of the service and residents' wellbeing.

The NMC "The Code, Professional standards of practice and behaviour for nurses and midwives" outlines that registered nurses must be able to provide leadership to make sure residents' wellbeing is protected. The provider needs to consider how registered nurses practice negatively impacts on their ability to comply with The Code.

Under condition 4 of the Conditions of Registration a recommendation was made that the provider should develop staff leadership skills. The provider had not implemented this part of condition 4.

As this is a registration condition we will monitor compliance at the next inspection. We expect condition 4 to be fully implemented by the 30 December 2015.

Grade

2 - Weak

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide."

Service strengths

The service was demonstrating unsatisfactory practice in areas covered by this Quality Statement.

To assess this statement we considered the Quality Assurance System and spoke with the manager and staff. We considered how the management team worked together. We measured progress made in meeting the requirements and recommendations made at registration under the Conditions of Registration, conditions number 4.

We sampled the Quality Assurance system and found a system of audits was used to assess and monitor the quality of the service. This included monitoring the health and safety of the environment, assessing the mealtime experience for residents and the management of medication.

Areas for improvement

It was evident that there was a lack of management overview of the quality of the service and the number and ages of residents living there. The management team was slow to provide basis information requests and when provided the information was inaccurate. This gave us serious cause for concern about the quality of management at the service.

While the manager had knowledge of the systems and processes in use at the service this was not shared with the rest of the management team who demonstrated limited knowledge of all aspects of the service.

As previously stated, there was an over reliance on the manager for all decision making which diminished the management team's autonomy and ability to question judgements.

The provider accepted that a more open and transparent culture needed to be developed to enable all grades of staff to question decision making processes and be part of the development of the service. The provider expressed a commitment to improving the culture of the service. We will monitor progress at future inspections.

We were concerned by the lack of clarity around management roles and responsibilities. For example the manager stated it was the provider who decided on residents' admission to the service but the provider stated the manager was responsible. We concluded that better clarity of management roles and responsibilities was needed.

(See Recommendation 1).

In discussion with the provider there was acceptance that additional managerial support would be provided to the manager.

(See Recommendation 2).

When we looked at the Quality Assurance System it was apparent that the unsatisfactory monitoring of the quality of service provision and the management of risks had resulted in -

- Unsatisfactory quality of care and support of residents
- Insufficient monitoring of the safety and cleanliness of the environment
- Unsatisfactory staff practice
- Ineffectual management of risks for residents.

These issues have been identified as needing significant improvement and are detailed in Quality Theme 1, Quality Theme 2 and Quality Theme 3 of this report.

The provider accepted that the Quality Assurance System needed to improve including the provider's role and responsibility in this process. The management team may find documents such as "Progress for Providers - Checking your progress in using person centred approaches (managers)" (Helen Sanderson, July 2011) helpful in developing the quality assurance system. (See Requirement 1).

We expect that each service will keep accurate records of the number of residents living at the service and their ages. During the inspection we were seriously concerned about the inaccurate information around the number and ages of residents living at the service.
(See Requirement 2).

During the inspection we saw events which should have been reported to the Care Inspectorate. We were told this transpired because responsibility had been delegated to registered nurses. There needs to be better overview of staff competency before delegating responsibility which is relevant to Quality Theme 3 – Statement 3.
(See Requirement 3).

When the service was registered to provide a care service, we issued a set of conditions under which it must operate. During the inspection we saw examples where the service was in breach of these conditions. This included:

- Two occasions when the service was in excess of the maximum number of residents permitted under condition 1 of the conditions of registration
- The duty rota showed occasions when the number and skills of staff on duty did not match the minimum staffing levels and skill mix detailed on the staffing schedule.

The provider told us this was the result of a misunderstanding and agreed to abide by the conditions of registration. As these are conditions of registration we will monitor compliance at all future inspections.

The service had submitted a variation to the Care Inspectorate to vary its conditions of registration to allow it to provide care to seven people under 65. At the inspection we found that 13 people under 65 years were receiving the service. The provider agreed not to admit anyone under 65 years until the variation application is resolved.

The provider should make sure that all documentation reflects the new company name to avoid the risk of confusion. We will monitor progress at future inspections.

Under condition 4 of the Conditions of Registration a recommendation was made that the provider should develop audits for residents care plans. The provider had not implemented the recommendation.

As this is a registration condition we will monitor compliance at the next inspection. We expect condition 4 to be fully implemented by the 30 December 2015.

Grade

1 - Unsatisfactory

Requirements

Number of requirements - 3

1. The provider must make proper provision for the health, welfare and safety of service users, and provide the service in a manner which promotes quality. In order to do this, you must:

- a) Implement an effective system of quality assurance which assesses and monitors the quality of all aspects of the service;
- b) Ensure that the details of all of the audits or checks are accurately recorded in writing;
- c) Following all audits and checks, have a clear record of what areas for improvement were identified, what actions are to be taken to address those areas for improvement identified, timescales for the actions to be completed, and the person with overall responsibility for ensuring the necessary improvements are achieved;
- d) Ensure that where actions are completed this is clearly recorded;
- e) Review the information from individual audits in order to inform and report on how the service is improving, or where further improvements are necessary;
- f) Put in place a system to ensure that where good practice is identified as the result of audit or checks, this is shared with the staff team, in order to enhance learning and consistency of practice throughout the service
- g) Put in place a system to detail the provider role in the quality assurance

process.

This is in order to comply with Regulations 3 - Principles of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Timescale for achieving this improvement: By 30 December 2015.

2. The provider must keep accurate records of all people using the service including their name, address and date of birth. This information must be easily accessible.

This is in order to comply with Regulations 21-24 of the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) and section 53(6) of the Public Services Reform (Scotland) Act 2010.

Timescale for achieving this improvement: To commence within 48 hours of receipt of this report for completion by 30 December 2015.

3. The provider must ensure compliance with legislation and Care Inspectorate guidance on notification reporting and ensure that notifications are made timeously.

This is in order to comply with Regulations 21-24 of the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) and section 53(6) of the Public Services Reform (Scotland) Act 2010.

Timescale for achieving this improvement: By 30 December 2015

Recommendations

Number of recommendations - 2

1. The provider should implement a system to ensure that the roles and responsibilities of all staff, including the management team, are clearly recorded and understood by all people employed at the service.

This is in accordance with the National Care Standards for care homes for older people, Standard 5 -Management and staffing arrangements.

2. The provider should ensure that there is a system to ensure that effective and consistent managerial support is available for the manager of the service.

This is in accordance with the National Care Standards for care homes for older people, Standard 5 -Management and staffing arrangements.

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

There are no outstanding recommendations.

6 Complaints

No complaints have been upheld, or partially upheld, since the service was registered in April 2015.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

No additional information recorded.

9 Inspection and grading history

This service does not have any prior inspection history or grades.

To find out more

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