

Tigh-A'Chomainn Care Home Service

4 Craigton Crescent
Peterculter
AB14 0SB

Telephone: 01224 732 656

Type of inspection:
Unannounced

Completed on:
9 July 2025

Service provided by:
Tigh-a'Chomainn Camphill Ltd

Service provider number:
SP2003000027

Service no:
CS2003000261

About the service

Tigh-A'Chomainn is a care home providing 24 hour support for up to 10 adults who have a learning disability. At the time of inspection eight people were living in the home.

The service is based in two houses in large grounds, in the town of Peterculter. Each person has their own bedroom, with shared bathrooms, kitchens, lounge areas and garden. There is a separate day provision service for people to use during the week.

The people are supported by some staff who do not live in the home, and they also share their home in partnership with live-in support staff. Everyone spends some time socialising and planning together.

The houses are within walking distance of a range of shops and bus routes both into the city of Aberdeen and out into the local countryside.

About the inspection

This unannounced inspection took place in response to concerns about outbreak management and the impact leadership was having on the quality of people's care. The inspection took place between 2 and 8 July 2025. The inspection was carried out by three inspectors from the Care Inspectorate.

Our inspection raised significant concerns in relation to how people's health, safety, and wellbeing needs were met. As a result, we issued the service with an Improvement Notice on 11 July 2025. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

In this report, the term "leaders" refers to senior staff who are involved in the day-to-day leadership within the service. The term "provider" refers to people who are acting on behalf of the provider, such as the board of trustees.

In making our evaluations of the service we:

- Spoke with six people using the service.
- Spoke with staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals and other stakeholders.

Key messages

- Before and during an outbreak of infectious illness, the provider did not take appropriate action to prevent and control the spread of infection. A serious concern letter with requirements relating to infection prevention and control (IPC) and a safe environment, was issued to the provider on 2 July 2025.
- People were at increased risk of infection due to poor understanding and implementation of IPC practices.
- Leaders did not work well with, or take advice from, other agencies.
- Some staff were not employed, or promoted, in line with safer recruitment guidance.
- Inductions were not well supported by the provider, resulting in leaders who were not prepared for their role.
- These significant concerns contributed to poor experiences and outcomes for people. As a result, we issued the provider with an Improvement Notice. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

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 well do we support people's wellbeing?	1 - Unsatisfactory
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

1 - Unsatisfactory

We evaluated this key question as unsatisfactory. We found significant weaknesses which compromised people's health, safety, and wellbeing

As a result of the potential risks to people's health, safety and wellbeing we issued a serious concern letter to the provider on 2 July 2025. The letter outlined the immediate improvements the provider had to make. There were two requirements: to improve infection prevention and control practices and to ensure people were living in a safe environment.

Further visits to the service were carried out on 3, 4 and 7 July 2025 to evaluate whether improvements had been made. We evaluated that, while some action had been taken, these requirements had not been met. This subsequently formed part of an Improvement Notice. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

There was a significant outbreak of a gastro-intestinal (GI) illness within the home. The service was not outbreak ready. We were also concerned that the cleanliness, maintenance, and condition of both houses increased the risk of infection spread.

A lack of hot water in the main house hindered effective handwashing, and there was a concerning delay in taking action to fix the problem. After the hot water supply was improved there were still concerns about the plumbing that made it more difficult for people to safely wash their hands. The water flow from one tap was poor, the water temperature from at least two taps was too low for safe handwashing, and one wash hand basin drained poorly. There was also an avoidable delay in taking action to repair the out-of-order dishwasher. While the dishwasher was out-of-order there was no clear system to ensure that hand-washed dishes were properly disinfected, increasing the risk of infection spread.

Despite leaders assuring us that a thorough clean was carried out at the start of the outbreak, issues persisted. This included: stained mattresses; dirty flooring, and stained carpets; chipped walls and skirtings; mouldy and dirty shower cubicles; and rusty shower caddies.

Leaders had a lack of knowledge and understanding of infection prevention and control (IPC) guidance. Leaders did not model safe IPC practices, exposing people and staff to unnecessary infection risks. There was no oversight or competency checks to assess the quality of IPC practice.

Staff training in IPC was inadequate with less than 20% of staff having completed IPC training. Staff did not demonstrate an understanding of standard infection control principles (SICPs) or when and how to implement transmission-based precautions (TBPs) when there was an outbreak.

The lack of knowledge, understanding, training and oversight meant the outbreak was not well managed. For example, despite external support from the Health and Social Care Partnership (HSCP) Care Homes Lead Nurse, confusion persisted about basic hand hygiene.

There was no clear plan in place to cohort staff, to ensure staff who were supporting people who were unwell had reduced contact with people who remained well. Some symptomatic staff continued working which increased the risk of more people becoming unwell. This was partly due to the absence of an effective contingency staffing plan in the event of staff illness.

During the first days of the outbreak people were not encouraged or supported to stay in their individual homes, despite leaders receiving advice to temporarily limit socialisation to help prevent the spread of infection. By the end of the inspection, this was better managed, with people supported in their own homes and separate dining and lounge areas established. This helped reduce the risk of cross-infection.

Enhanced cleaning of high-touch points had been introduced. The cleaning schedules did not include guidance on where, when, and with what solutions to clean. Initially the service used a cleaning solution that was ineffective at dealing with an outbreak of a gastric intestinal illness. This was rectified with support from the Health and Social Care Partnership (HSCP) Care Homes Lead Nurse. Despite external advice on safe equipment and environment management, the service continued using non-disposable cloths for high-touch points, general cleaning, and soiled toilets. Consequently, cleaning was not fully effective, increasing infection risks for both people and staff. Task allocation, such as cleaning, was unclear. This lack of organisation risked missing critical tasks essential for safeguarding health and wellbeing during an outbreak.

Staff did not demonstrate understanding of the safe use of personal protective equipment (PPE). For example, a staff member was seen wearing, gloves, apron and mask while sitting in the corridors. PPE was not stored appropriately to prevent contamination. Although some improvements were noted during the inspection, safe PPE practices were still not consistently followed.

External general waste bins were overflowing. There were no appropriate bins for the safe disposal of PPE in the houses. We were informed by leaders that appropriate bins were on order. This would assist in reducing the risk of infection spreading and cross contamination.

Supplies of paper hand towels were limited in the main house. Leaders indicated that appropriate paper towel dispensers were on order and would be installed throughout the houses. This measure will help ensure effective handwashing and reduce the spread of infection. During the outbreak we observed an example of inadequate food preparation practices. Prepared fresh food was left uncovered in the kitchen area. The people and staff benefitted from fresh, home cooked meals and this could been safely provided if the service had followed the advice given by the Health Protection Team.

Good practice was not followed when supporting people with their laundry. There was no clear system in place to ensure that dirty or infected laundry was being washed at the correct temperature, to reduce the potential spread of infection. As clean washing was being hung to dry in the laundry areas, there was an increased risk of contamination of the clean clothes.

The service was supported by the Health and Social Care Partnership (HSCP), and the Health Protection Team (HPT) during the outbreak. We raised concerns with the provider about the way the service worked with these external agencies. This included poor communication by the service that made it more difficult for the HPT to assess the situation and provide advice **(see Key Question 2, "How Good is our Leadership?", for more information)**.

Leaders lacked sufficient oversight of people's changing needs as they became unwell. Fluid intake records were inconsistently completed, and daily notes were erratic, spread over two recording systems, complicating the evaluation of people's needs. Care plans were not updated to reflect the additional support required during the outbreak and isolation periods. Furthermore, advice on monitoring and reporting gastrointestinal episodes was not followed, resulting in residents not always receiving timely and appropriate care.

(This is now subject to an Improvement Notice which was issued on 11 July 2025.)

How good is our leadership?

1 - Unsatisfactory

We evaluated this key question as unsatisfactory. We found significant weaknesses which compromised people's health, safety, and wellbeing. We issued the service with an Improvement Notice in response to these concerns. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

Leaders did not collaborate well resulting in poor outcomes for people. Leaders did not respond promptly or appropriately when given guidance from the Health Protection nurses, the Health and Social Care Partnership and the Care Inspectorate. As a result, people and staff continued to be exposed to an unnecessary risk of infection. People did not experience safe and responsive care or benefit from positive multi agency working. The provider must ensure that leaders collaborate effectively. **(This is now subject to an Improvement Notice which was issued on 11 July 2025).**

One person experienced poor care and support when they experienced stress and distress. In this situation leaders did not show the necessary skill and understanding to support people with a learning disability and they did not engage well with support offered from other professionals. An external professional told us that they had "major concerns about the lack of person-centred care, and barriers to implementing any positive changes in terms of positive behaviour support." The provider must ensure that people can benefit from the advice and guidance of professionals to ensure they experience the right care and support to meet their needs. **(This is now subject to an Improvement Notice which was issued on 11 July 2025).**

There were significant issues with communication, surrounding the circumstances in which people moved on from the service. While some positive feedback was received about the provider, concerns were raised that the service's way of communicating was not professional or responsive. One professional told us that leaders were "inappropriate" when communicating a person's needs. One family told us leaders were unprofessional when communicating about a person's health and wellbeing resulting in avoidable and significant distress. The service did not work well to communicate and share information effectively, for the benefit of people's health and wellbeing. **(This is now subject to an Improvement Notice which was issued on 11 July 2025).**

The quality of care documentation was poor which made it more difficult for external professionals to provide support. There was a lack of evaluation of daily recordings and analysis of patterns in people's behaviour. Referrals to appropriate professionals were not made in a timely manner. One visiting professional told us about a lack of "exploration of [a person's] communication needs or adaptations to allow them to share their thoughts feelings and emotions." The advice and guidance from professionals, which should have supported positive outcomes for people, was not being well used. As a result, people were not experiencing safe care and good outcomes for their health, safety, and wellbeing. **(This is now subject to an Improvement Notice which was issued on 11 July 2025).**

It is important that the provider and leaders undertake collaborative professional reflection and self-evaluation to learn from recent situations when people did not experience safe and good quality care **(see requirement 1)**.

Requirements

1. By 26 September 2025, to ensure people's health, safety and wellbeing the provider must demonstrate a culture of learning and ongoing improvement. To do this the provider must, at a minimum, work collaboratively with people experiencing care, staff, families and relevant health and social work professionals to:

- a) Undertake a lessons learned exercise to reflect on a recent outbreak of infectious illness.
- b) Undertake a lessons learned exercise to review the circumstances in which people have moved on from the service.

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

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses.

The provider did not follow safe recruitment practices. Whilst the interview process was clear, qualifications were not checked to ensure applicants were suitably qualified for the role. References did not give sufficient information, and the provider did not make efforts to source more detail about an applicant's previous role. There was no robust process for internal promotion.

There was not a clear link between people's needs and the knowledge, skills and experience of staff in leadership roles. There was no clear process in place to assess the knowledge and skills of staff who had been promoted. Leaders did not have sufficient skill and knowledge, for example, of safe infection control practices and relevant guidance and legislation to support a safe and clean environment for people. The provider must ensure that recruitment procedures are robust and lead to the appointment of staff with the right knowledge and skills for the role and to provide safe good quality care (**see requirement 1**).

Leaders were not sufficiently prepared for their role. New leaders did not undergo an induction that was tailored to meet their development and support needs. This resulted in staff who were not clear on how to lead the care home and provide safe good quality care. The provider must ensure that new staff, including leaders, undergo a thorough induction. (**This is now subject to an Improvement Notice which was issued on 11 July 2025**).

Leaders were not well supported in their roles. Staff in new leadership roles did not receive sufficient support or competency assessment from the provider to equip them for their role. Supervision sessions with leaders and other staff were not conducted regularly. A programme of supervision had begun, however access to staff records was limited, meaning that progress in their role could not be monitored. This contributed to poor outcomes for people. The provider must ensure that all staff are regularly supported, and supported to be competent, in their role. (**This is now subject to an Improvement Notice which was issued on 11 July 2025**).

The provider demonstrated a willingness to improve recruitment and induction procedures to improve safety for people. Some additional support from a more experienced registered manager was arranged in response to our feedback. This should support a thorough period of development.

Requirements

1. By 26 September 2025, the provider must ensure people are supported by staff who have been well recruited and have sufficient skills, knowledge and understanding for their role. To do this the provider must at a minimum:

- a) Ensure all aspects of safer recruitment guidance is followed at all times.
- b) Develop and implement a safe recruitment process for new appointments and internal promotions to ensure that candidates have sufficient skills, knowledge and understanding for the role.

This is to comply with Regulation 9(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8(1)(a) of The Health and Care (Staffing) (Scotland) Act 2019.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

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

Requirements

Requirement 1

By 26 September 2025, the provider must ensure all medication is correctly administered, recorded and stored.

This is to comply with Regulation 4(1)(a)(Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

This requirement was made on 19 June 2025.

Action taken on previous requirement

We did not evaluate progress towards this requirement as the date for making improvements had not passed. We will review this at future follow up inspections.

Not assessed at this inspection

Requirement 2

By 26 September 2025, the provider must ensure good communication with all people and organisations who have an interest in supporting people's health and wellbeing.

This should include, but is not limited to:

- a) Families and guardians.
- b) Multi disciplinary colleagues.
- c) Adult protection teams.
- d) The Care Inspectorate.

This is to comply with Regulation 4(1)(a)(Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12); and

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

This requirement was made on 19 June 2025.

Action taken on previous requirement

We did not evaluate progress towards this requirement as the date for making improvements had not passed. We will review this at future follow up inspections.

Not assessed at this inspection

Requirement 3

By 26 September 2025, the provider must ensure people's health safety and wellbeing is supported by effective quality assurance and improvements.

This should include but is not limited to:

- a) At least one leader maintaining clear oversight of all areas of the service.
- b) Regular completion and analysis of the audit system.
- c) All accidents and incidents recorded within a system that enables an explanation, an investigation, and improvements from lessons which are learned to be easily available and understandable.
- d) Improvements planned within a clear system that enables progress to be tracked from start to completion.

This is to comply with Regulation 4(1)(a)(Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 19 June 2025.

Action taken on previous requirement

We did not evaluate progress towards this requirement as the date for making improvements had not passed. We will review this at future follow up inspections.

Not assessed at this inspection

Requirement 4

By 26 September 2025, the provider must ensure people are supported by staff who can access full and accurate information about all their care and support needs and wishes through accurate One Plans.

This must include, but is not limited to:

- a) Compassionate and clear guidance in relation to any response to distress, including restraint.
- b) Sensitive and practical information about how to support meaningful relationships, for both the person and the staff, with family members.
- c) Up-to-date information about all contact and guidance from multi disciplinary colleagues.

This is to comply with Regulation 4(1)(a)(Welfare of users) and 5 (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

This requirement was made on 19 June 2025.

Action taken on previous requirement

We did not evaluate progress towards this requirement as the date for making improvements had not passed. We will review this at future follow up inspections.

Not assessed at this inspection

Requirement 5

By 28 March 2025, the provider must ensure people benefit from a well led staff team.

To do this the provider must, at a minimum:

- a) Ensure leaders at all levels empower staff to support people, through a collaborative approach to planning and delivering care and support.
- b) Ensure leaders actively listen to staff, and respect, and respond to different perspectives.

This is to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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

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

This requirement was made on 6 February 2025.

Action taken on previous requirement

This requirement was not met at the inspection we carried out in May 2025, we agreed an extension until 26 September 2025. We did not evaluate progress towards this requirement as the date for making improvements had not passed. We will review this at future follow up inspections.

Not assessed at this inspection

Requirement 6

By 28 March 2025, the provider must ensure that people's health and wellbeing benefits from staff practice being informed by accurate information.

To do this the provider must, at a minimum:

- a) Ensure accurate information about how people express their emotions is recorded by the service, and appropriately shared with other professionals, families and guardians.
- b) Ensure this information is discussed with all staff, leading to a recognition of a change in support needs.

c) Ensure any identified development or training needs are implemented and the impact on people's care, health and wellbeing is evaluated.

This is to comply with Regulation 4(1)(a), (b) and (c)) and 5 (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I am recognised as an expert in my own experiences, needs and wishes' (1.9); and

'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).

This requirement was made on 18 November 2024.

Action taken on previous requirement

This requirement was not met at the inspection we carried out in May 2025, we agreed an extension until 26 September 2025. We did not evaluate progress towards this requirement as the date for making improvements had not passed. We will review this at future follow up inspections.

Not assessed at this inspection

Requirement 7

By 28 March 2025, the provider must put in place a plan that will ensure staff changes, and in particular the annual change of foundation year co-workers, are managed in a way that supports consistent care and people's health and wellbeing.

This is to comply with Regulation 4(1)(a)(Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

This requirement was made on 18 November 2024.

Action taken on previous requirement

This requirement was not met at the inspection we carried out in May 2025, we agreed an extension until 26 September 2025. We did not evaluate progress towards this requirement as the date for making improvements had not passed. We will review this at future follow up inspections.

Not assessed at this inspection

Requirement 8

By 28 March 2025, the provider must ensure there are enough skilled staff at all times, to manage all situations safely and effectively. To do this the provider must, at a minimum:

a) Maintain a staffing tool that reflects the needs of each individual person and the group as a whole, over the whole year period.

b) Ensure that all staff are adequately trained to meet all support needs of all residents over any 24 hour period.

This is to comply with section 7 and 8 (1) (a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 requirement was made on 18 November 2024.

Action taken on previous requirement

This requirement was not met at the inspection we carried out in May 2025, we agreed an extension until 26 September 2025. We did not evaluate progress towards this requirement as the date for making improvements had not passed. We will review this at future follow up inspections.

Not assessed at this inspection

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 support people's wellbeing and confidence, the provider should improve the recording and monitoring of cash and associated records.

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

'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

This area for improvement was made on 19 June 2025.

Action taken since then

We did not evaluate progress towards this area for improvement and will evaluate progress to meeting this at future follow up inspections.

Previous area for improvement 2

To protect people the provider should ensure no person begins work until all recruitment documents have been received and checked.

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

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

This area for improvement was made on 19 June 2025.

Action taken since then

We did not evaluate progress towards this area for improvement and will evaluate progress to meeting this at future follow up inspections.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	1 - Unsatisfactory
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	1 - Unsatisfactory
How good is our leadership?	1 - Unsatisfactory
2.3 Leaders collaborate to support people	1 - Unsatisfactory
How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	2 - Weak

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