

South Beach House Care Home Service

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Ardrossan
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Telephone: 01294 468 234

Type of inspection:
Unannounced

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Service provided by:
Church of Scotland Trading as
Crossreach

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CS2003001139

About the service

South Beach House is registered to provide a care home service to 42 older people with a maximum of four respite placements at any one time.

The care home is a detached, extended property set in its own grounds. It is situated on the sea front in a residential area of Ardrossan, close to local amenities and transport links.

The 42 bedrooms are single occupancy, 32 of which have en-suite facilities including a shower. Adapted bathrooms for shared use are situated on both floors. Communal lounges and dining facilities are situated on the ground floor and there is a passenger lift for accessing the upper floor.

There is a large garden, including an enclosed garden space for residents to access at the back of the building.

About the inspection

This was an unannounced inspection which took place from 24 to 30 June 2025. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service.

This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with five people using the service and eight of their family
- received 30 completed questionnaires
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals and volunteers

Key messages

- Staff delivered compassionate, person-centred care, fostering meaningful relationships and promoting dignity and wellbeing. People felt safe, respected, and valued.
- Leadership was proactive and improvement-focused, with improved quality assurance systems and a clear commitment to service development and staff empowerment.
- Health and wellbeing were well supported, with effective medication management, good nutritional practices, and strong links to external healthcare professionals.
- The service promoted meaningful engagement, offering varied activities and community connections, though better use of communal spaces is needed to enhance comfort and inclusion.
- Training and staffing systems were well structured, but lacked consistent evaluation of impact. Staff deployment across spaces also required improvement to support personalised care.
- Newly developed care planning processes were dynamic and outcome-focused, with structured review cycles that reflected people's evolving needs. However, six-monthly reviews and self-evaluation processes continued to need strengthening.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service demonstrated a strong commitment to supporting people's wellbeing through compassionate care, meaningful engagement, and effective healthcare support. Staff consistently treated people with dignity and respect, creating a warm and supportive atmosphere. Interactions were characterised by kindness and empathy, helping people feel safe and valued. Staff knew people well and responded attentively to their individual needs, enabling personalised care that upheld dignity and promoted wellbeing.

Relatives gave positive feedback, describing staff as "really friendly, caring and compassionate." One family member said, "Staff truly cared, which was so reassuring for us." This reflected the trust and confidence families placed in the service.

Some concerns were noted. There were occasional instances of language that, while well-intentioned, could have been more appropriate; for example, the frequent use of terms of endearment such as "darling" or "son." Additionally, a few instances were observed where people were moved without clear consent. These moments, although not widespread, had the potential to affect trust and dignity. This was discussed with the manager and acknowledged at the time.

Some people were seated in wheelchairs for extended periods, and the main lounge was often overcrowded. These factors limited comfort and reduced the effectiveness of activities.

(see area for improvement 1).

Relatives noted that there was "something on every day" and praised the improved garden and new greenhouse, which reflected the service's efforts to enhance daily life. We observed a mix of activities. Some were engaging and well-received, while others were less effective, often due to environmental limitations such as the crowded lounge. Managers agreed that making better use of alternative communal spaces should be a priority. They also supported ongoing efforts to help care staff better understand their role in supporting meaningful engagement. We also discussed the importance of involving activity staff in the new project focused on identifying and working with personal outcomes in a more evaluative and person-centred way.

The service supported people's health and wellbeing through improved medication management and proactive healthcare. Regular audits and observations helped maintain safe practices. External professionals gave positive feedback, confirming the effectiveness of the service's proactive healthcare support.

Relatives appreciated that staff were proactive in identifying health concerns and responding to incidents such as falls. This responsiveness reassured families and contributed to people's safety and comfort. Management of topical medications, including safe storage and accurate documentation, had significantly improved. Overall, medication management was safe and robust. However, the regular review and management of 'as required' medication needed further improvement

(see area for improvement 2).

A mealtime champion had been introduced, and improvements in food presentation and accessibility, including pictorial menus, helped people make informed choices and supported nutritional wellbeing. Food was varied and well presented.

People experienced meaningful contact that reflected their preferences. The service promoted community links through partnerships with schools, churches, and local events. Entertainment and intergenerational programmes enriched people's social experiences. Communication with families was supported through social media. Relatives valued the service's Facebook page, saying it helped them stay informed when their loved ones were unable to communicate directly.

Infection prevention and control practices were safe and effective. Staff had completed relevant training, and hygiene standards in bedrooms and laundry areas were maintained. However, some damaged ensuite flooring was identified, which posed a hygiene risk. Addressing this would further strengthen infection control and enhance safety.

Areas for improvement

1. To enhance people's comfort and engagement, the provider should review the use of communal spaces to reduce overcrowding and support more effective delivery of meaningful activities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

2. To support people's health and wellbeing, the provider should ensure that all 'as required' medications are regularly reviewed and managed in line with best practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Leadership within the service was strong, with a clear focus on quality assurance, service development, and staff empowerment. These efforts contributed positively to the experiences and outcomes of people using the service.

Quality assurance and improvement work were led effectively. The service had several action plans in place, covering key areas such as care planning, medication, activities, and the environment. These plans were regularly reviewed, helping the service remain responsive to people's needs.

New tools and processes had been introduced, including additional care plan audits and enhanced monitoring of the environment. These developments reflected a commitment to robust quality assurance and continuous improvement. Some of the new processes helped identify both individual and service-wide issues, supporting more consistent and personalised care.

A particularly strong feature was the four-weekly 'outcomes, activities, and care update' process. This ensured that each person's care remained aligned with their preferences and changing needs. External audits and complaint-related action plans were also used constructively, showing openness to feedback and a willingness to learn. One relative commented, "They listened to our concerns and made changes quickly," reflecting the service's responsiveness and accountability.

However, some environmental action plans lacked clear prioritisation or were slow to progress. For example, improvements to the conservatory and other environmental upgrades had not been clearly defined or implemented. In some cases, audit follow-up actions were not well documented, which reduced the impact of the audits and risked allowing issues to persist. The use of data over time to support self-evaluation and improvement planning was not yet fully developed.

(see area for improvement 1).

The manager's vision and values were clearly influencing practice. Leadership actively addressed cultural issues through clear messaging and reflective practice. Staff engagement in reflective exercises led to tangible improvements, such as better presentation of textured diets. This showed that staff were encouraged to reflect on the quality of their work and to develop meaningful change ideas to improve people's experiences.

Further cultural development was still needed in some areas, particularly around the use of communal spaces and a more outcome focussed and evaluative approach to activities. Continued focus on these areas would help ensure that values are consistently embedded across the service.

Staff were led well, with leadership promoting a positive and inclusive culture. Peer audits and champion roles, such as environment champions, encouraged staff to take initiative and contribute to service improvement. This inclusive approach helped build confidence and a sense of ownership. One staff member shared, "Being a champion made me feel trusted and more involved." These efforts led to observable improvements, including better cleanliness and tidiness of bedrooms and safer medication storage, which enhanced people's safety, comfort and dignity.

Engagement with families and volunteers was ongoing, although maintaining regular meetings remained a challenge. While the service made efforts to involve families in the service, inconsistent engagement limited the potential benefits of external perspectives. Continued work in this area could improve transparency and collaboration.

The service also worked well with external partners, including commissioning and support teams. This openness to external feedback reflected a commitment to continuous improvement and alignment with broader standards.

Areas for improvement

1. To support meaningful self-evaluation and improvement planning, the provider should develop the use of data over time to identify trends and inform decision-making. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state:

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

How good is our staff team?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service supported staff to develop the right knowledge, competence, and skills through structured training and regular observation. A training overview document was used to track each staff member's progress, including completed training, expiry dates, and overdue sessions. This system enabled effective planning and ensured that staff remained up to date with essential learning.

Training was delivered through a varied approach, using online modules and face-to-face sessions. This supported practical learning and accommodated different learning styles.

Practice observations were carried out regularly and covered key areas such as hand hygiene, medication administration, and mealtime support. These observations helped to reinforce training, identify areas for improvement, and ensure that staff applied their knowledge correctly in daily care. This contributed to maintaining high standards of safety and person-centred support.

A new reflective initiative titled "Dignity and Respect - Reflections on Practice" had been introduced. This positive exercise had already led to at least one positive change idea and showed potential to encourage critical thinking and values-based practice.

Staffing was planned with flexibility and responsiveness. A rolling rota was created for the year ahead and adjusted weekly to reflect people's needs, including hospital visits and outings. This forward-planning approach supported continuity and safe care delivery.

The service was trialling a new and enhanced staffing tool, showing a willingness to explore new systems for assessing care needs and staffing requirements. Although these tools were promising, the process for evaluating whether staffing supported good outcomes was still developing. There was no formal or ongoing system in place to assess this consistently. However, a new process for adding more evaluative work with people's personal outcomes had been introduced alongside the existing care plans. Going forward, this could also support the service's ongoing self-evaluation of staffing. This area was discussed with the manager and will be included in the service development plan.

Observations indicated that while staff numbers were sufficient, deployment could be improved. Staff were often seen congregating in the main lounge, while other communal areas, such as the Namaste room and smaller lounges, were underused. This limited people's access to varied environments and more personalised support. This was discussed with the manager, who acknowledged the issue and agreed to address it through the service development plan.

Regular checks of Scottish Social Services Council registration were carried out, supporting safe recruitment and professional accountability. Safe recruitment processes were in place.

How good is our setting?**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service had significantly improved the outdoor facilities. This enhanced people's wellbeing. The garden and greenhouse were well-used and appreciated by both people and their relatives.

These spaces offered opportunities for meaningful engagement with nature, including gardening, hanging laundry, and spending time outdoors. Such activities supported physical activity, autonomy, and emotional health, while also fostering a sense of routine and homeliness.

Most relatives we spoke to expressed high levels of satisfaction with the quality of the environment, particularly highlighting the garden and newly refurbished areas as a valuable and enjoyable part of daily life. This positive feedback highlighted the importance of a well maintained and well utilised environment on people's quality of life.

However, there were limitations within the indoor environment that required attention. The main lounge was often overcrowded, leading to institutional seating arrangements and insufficient space for specialist seating, mobility aids or side tables. A crowded communal area also reduced opportunities for social interaction, relaxation and less institutional seating arrangements.

(see area for improvement 1).

In addition, the conservatory was currently unusable due to maintenance issues, including windows that could not be closed and a lack of blinds. This restricted access to another potentially very valuable space for people. Although environmental improvements were underway, some action plans lacked clarity and prioritisation, which risked delaying progress and reducing the effectiveness of these efforts.

(see area for improvement 2).

Areas for improvement

1. To enhance comfort, accessibility, and social engagement, the provider should review the use of the main lounge to reduce overcrowding and promote a more homely, less institutional environment. This should include ensuring adequate space for specialist seating, mobility aids, and side tables, as well as creating varied and inclusive seating arrangements that support interaction and relaxation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22), and 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

2. To maximise the use of indoor communal spaces, the provider should ensure that environmental action plans are clearly prioritised according to the potential impact on people's outcomes and that maintenance issues are addressed promptly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11), and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Assessment and personal planning within the service reflected people's outcomes and wishes through structured processes, practical tools, and a person-centred approach.

Two designated care planning champions supported staff in using the care planning system and developed example sheets to guide the completion of daily notes. These resources were particularly helpful for new staff, contributing to consistency in documentation. Although there was no formal care planning training beyond this, the system supported informed and consistent practice.

To address limitations in the electronic care planning system, specifically its inability to support evaluative work around personal outcomes, an additional documentation system had been introduced. This allowed staff to better capture and reflect on individual goals and progress, keeping personal outcomes central to the planning process. This structured cycle involved key workers meeting with people to identify what was going well or not well in their lives, and to set goals or activities for the coming four weeks. Staff then outlined the actions needed to support these goals. After four weeks, a summary was written to evaluate what had been achieved, and the cycle began again. This ensured that care planning remained dynamic, reflective, and closely aligned with each person's evolving needs and wishes.

Completed examples of this process showed thoughtful attention to what mattered most to individuals. There was clear evidence of staff identifying meaningful goals and supporting people to achieve them. These records also demonstrated a strong focus on engagement with the wider environment, including outdoor activities such as gardening and local walks, which contributed to people's physical and emotional wellbeing.

There remained several previous areas for improvement from the complaint investigation. The service had begun to address these as part of their ongoing service development plan. **(see section 'What the service has done to meet any areas for improvement we made at or since the last inspection').**

Recent improvements, such as the introduction of an enhanced auditing process for care plans, had produced good results. Care plans and ongoing reviews were accurate and up-to-date. This showed the service had a good capacity for improving self-evaluation and effective care planning processes.

Six-monthly reviews were very basic and not yet sufficiently outcome-focused. The new outcome-focused documentation was expected to support improvement in this area. This was also discussed with the manager and should be addressed through the service development plan.

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 ensure people are being supported with a range of social and physical activities to meet their aspirations, wishes, choices and needs, the provider should improve the quality of support with activities in the service.

This should include, but is not limited to:

- a) ensuring that people's activity care plans contain up-to-date information of their needs, wishes, choices and defined personal outcomes
- b) ensuring that activity staff take an active role in the regular evaluation of people's personal outcomes for activities
- c) ensuring that all staff are sufficiently trained and competent to understand and fulfil their role in supporting people with activities.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential (HSCS 1.6)
and

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

This area for improvement was made on 17 September 2024.

Action taken since then

The service made progress in enhancing the quality of support with activities. Activity care plans were updated to reflect individuals' needs and preferences, and activity staff were increasingly involved in evaluating personal outcomes. Staff training in this area had also improved. However, further embedding of these practices was needed to ensure consistency across the service.

This area for improvement was met.

Previous area for improvement 2

To support people to maintain contact with their local community the provider should explore developing links with local community groups and schools.

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

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

'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10).

This area for improvement was made on 6 December 2023.

Action taken since then

The service has taken steps to strengthen community links, including partnerships with schools and local organisations. These efforts have enriched social experiences and supported people's sense of inclusion. Continued development of these relationships should further enhance community participation.

This area for improvement was met.

Previous area for improvement 3

To promote and support ongoing and effective self-evaluation of the service, the provider should review and strengthen external oversight and support arrangements.

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

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

This area for improvement was made on 17 September 2024.

Action taken since then

There has been a review of external oversight arrangements, and the service has begun to strengthen its self-evaluation processes. While improvements were evident, further work was required to ensure these systems are robust and consistently applied.

This area for improvement was met.

Previous area for improvement 4

To ensure effective care planning for acute health issues the provider should supplement the electronic care planning system where necessary, such as short-term care plans or particular health assessments.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 area for improvement was made on 17 September 2024.

Action taken since then

The service has introduced supplementary documentation to address limitations in the electronic care planning system. This has improved the ability to respond to acute health issues. Continued monitoring and refinement of this approach should support sustained improvement.

This area for improvement was met.

Previous area for improvement 5

To support good and regularly evaluated outcomes for people, the provider should improve the quality assurance processes for people's care and support plans.

This should include, but is not limited to:

- a) developing a clear, robust and dynamic auditing process that ongoingly drives and measures performance
- b) ensuring that all staff with quality assurance responsibilities are sufficiently trained and competent to fulfil their role
- c) ensuring that quality assurance outcomes and processes, including performance data over time, are regularly evaluated by senior staff as part of the ongoing self-evaluation and improvement planning of the service.

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

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

and

'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

This area for improvement was made on 9 January 2025.

Action taken since then

The service has developed clearer auditing processes and is working to ensure staff are trained in quality assurance responsibilities. While these steps were promising, the use of performance data over time and regular evaluation by senior staff still required further development.

This area for improvement was met.

Previous area for improvement 6

To ensure that each individual has their personal care need met: Care plans should include personalised strategies for supporting residents who experience distress during personal care activities.

These strategies should be regularly reviewed and updated in consultation with family members, where appropriate, and relevant professionals such as Community Psychiatric Nurses.

All personal care tasks, including bathing, showering, and hair washing, must be clearly recorded. When care is declined, the records should show what alternatives or follow up actions were taken, including re-offers and any efforts to use calming strategies as outlined in care plans.

Management should implement regular audits of care notes to ensure that personal care is being appropriately provided, recorded, and followed up where refused.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 25 April 2025.

Action taken since then

The service has reviewed processes to ensure personalised strategies in managing distress during personal care for people during a respite stay. The service had no plans to offer further respite care places for the foreseeable future.

This area for improvement was met.

Previous area for improvement 7

Where appropriate, formal communication agreements should be established for each individual with families and/or representatives to ensure clarity around expectations for communicating accidents and incidents.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 25 April 2025.

Action taken since then

Improved processes were developed to clarify communication expectations around incident reporting. While implementation was underway, the service needed additional time to embed these practices and assess their impact.

This area for improvement was not met and will continue.

Previous area for improvement 8

Care plans should include detailed records of all strategies tried to address an individual's comfort, especially where issues are ongoing or raised by family members. Management should review procedures for escalating and monitoring comfort-related concerns, ensuring that physical wellbeing is reviewed regularly and holistically.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 25 April 2025.

Action taken since then

Action plans have been created to improve documentation and escalation procedures related to residents' comfort. Implementation is ongoing, and further time was needed to ensure these changes are fully operational and effective.

This area for improvement was not met and will continue.

Previous area for improvement 9

To ensure that each individual is supported appropriately to dress as they would have wanted to staff should: Ensure all care plans include detailed clothing preferences.

Ensure regular consultation with the family on care challenges and strategy development. Introduce a structured protocol for facilitating choice in dressing for residents who require additional support.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This area for improvement was made on 25 April 2025.

Action taken since then

The service worked on ensuring that people's clothing preferences are respected and supported. This included consultation with families and structured choice facilitation. These initiatives were in progress, but required more time for full implementation and evaluation.

This area for improvement was not met and will continue.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
2.1 Vision and values positively inform practice	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
2.4 Staff are led well	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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