

Care service inspection report

Full inspection

Sunnybrae Centre Housing Support Service

1 Euson Kloss
Kirkwall

Service provided by: Orkney Islands Council

Service provider number: SP2003001951

Care service number: CS2013320598

Inspection Visit Type: Announced (Short Notice)

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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	3	Adequate
Quality of staffing	4	Good
Quality of management and leadership	4	Good

What the service does well

There was a focus on re-ablement throughout the service. Staff took pride in helping people achieve their outcomes, including being able to carry out small tasks for themselves more independently. Staff recognised the achievements people made and had an encouraging and supportive approach. This helped to motivate service users to maintain their daily living skills.

Care plans contained detailed risk assessments. These provided details of how people should be supported, for example at meal times. This helped ensure service users were given the appropriate care and support.

The service actively included service user involvement through a range of methods, including issuing regular surveys to invite their views, feedback and suggestions.

The service worked closely with a number of voluntary sector groups which provided a range of social activities in the Sunnybrae Centre. Local community outings were also included.

What the service could do better

The provider had begun to introduce new medication guidelines for care at home services. These needed to be fully implemented and clarity sought so that staff were clear about their roles and responsibilities.

All care reviews must be undertaken on a minimum six monthly basis, or sooner if necessary.

Some of the risk assessments needed to be re-written as part of the review and updating process.

The provider needed to review the lunchtime support arrangements both for those who attended the Sunnybrae Centre and for those service users who opted to remain within their homes. Part of the review process should consider how choices can best be offered to service users and how those dining at the Sunnybrae Centre can be better supported at meal times.

What the service has done since the last inspection

The provider had changed the registration arrangements and Sunnybrae Centre is now being managed as a separate service. This was the service's first inspection since these new arrangements had been put in place.

Conclusion

This was the Sunnybrae Centre's first inspection since separate registration arrangements had been put in place in July 2014.

We found that the service actively included and engaged with people who live there and routinely invited their views and suggestions so that, wherever possible, the care and support reflected their personal preferences.

There were active links with local voluntary groups who provided a range of much valued social activities.

Staff within the service were respectful of service users support needs. Those service users we met spoke positively about their experiences of the service. Members of staff told us that they felt well supported by their manager.

1 About the service we inspected

The Sunnybrae Centre was registered in July 2014 to provide a combined housing support and care at home service. It operates from a purpose-built base in Kirkwall, Orkney.

Sunnybrae Centre focuses mainly on providing care for older people, but it also addresses the needs of the wider community. The healthcare needs of service users are supported by the district nursing team. The service supports 27 people living in their own homes, across 23 tenancies.

The service aims to meet the individual assessed social care needs of service users and tenants in a professional, courteous and confidential manner. Staff work with service users to maintain their independence and will respect their dignity and privacy at all times.

The service operate 24 hours per day, 365 days per year.

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 3 - Adequate

Quality of staffing - Grade 4 - Good

Quality of management and leadership - Grade 4 - Good

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 low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following a short notice announced inspection.

We inspected the service on 8 and 9 June 2015. We provided feedback to the registered manager and care co-ordinator at the end of the inspection. The feedback included a requirement, recommendations and areas of improvement made as a result of these visits.

As part of the inspection, we took account of the completed annual return and self assessment form that we asked the provider to complete and submit to us.

We sent 24 Care Standards Questionnaires to the service, to be given to people who use the service and twelve were returned completed. We also sent questionnaires to be completed by the staff and four were returned.

During the inspection process we gathered evidence from various sources, including the following:

We spoke with:

- Eight people at the Sunnybrae Centre
- Three relatives by telephone
- Registered manager
- Care co-ordinator
- Three social care assistants

We looked at:

- Evidence from the service's most recent self assessment

- Personal plans of people who use the service
- Formal care reviews and records
- Participation information, including Care Standards Questionnaires
- Accident and incident records
- Staff training records
- Risk assessments
- Notice boards
- Newsletters
- Health and safety records

We observed staff interacting with service users and toured the building.

We observed a musical entertainment afternoon.

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: Yes - Electronic

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.

Taking the views of people using the care service into account

We enjoyed a pleasant lunch with some service users on the first day of the inspection visit. We also met with two others separately to hear about their own experiences of the service.

It was clear that those attending the Sunnybrae Centre enjoyed good relationships with members of staff. They were also very appreciative of the various social activities provided in the centre. We have noted how the service has close links with a number of local voluntary groups who play an active role in the life of the service.

One service user described how she likes to remain active and involved and it was very clear she appreciates being supported by staff to do this. Another also confirmed their gratitude for the ongoing care and support the service offers and how there were plans to refurbish her kitchen to enable her to lead a more independent lifestyle.

Taking carers' views into account

We carried out three telephone interviews with relatives/carers of people using the service at Sunnybrae Centre. We received mixed feedback.

On the whole relatives/carers are very appreciative of the support staff provide. For example one told us: "Staff are caring and supportive to my mother and we are grateful that she is supported to live in her own surroundings at 98 years of age".

We were also told that communication with families could be better and we have raised this issue in this report and have asked the provider to explore ways that communication can be improved.

Other comments included:

"I would like time being allowed over lunch for staff to spend time talking with the clients."

Asked if they had concerns we were told: "How are the staff going to cope with [the change of remit of the service] and how is this going to affect my relative in the future?"

Another contributor also sought "assurance on the way forward" given their perceived concerns about staff training and how the service will respond in the future to the increasing frailties and healthcare needs of service users.

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: 3 - Adequate

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 is performing to a good standard in respect of this Quality Statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users

The good grade applies to performance characterised by important strengths which have a significant positive impact.

The provider has a participation statement which outlines the various ways in which service users could contribute their views on all aspects of the service.

The participation strategy recognised that service user engagement was a "dynamic process" with an ultimate goal to "enhance the service with the full involvement of service users and carers". Sunnybrae Centre had a fundamental principle "to treat everyone involved with respect".

We could see that the service had a proactive approach to working with service users to survey their views, ideas and suggestions about the changes they would like to see. There were regular seasonal surveys and people's evaluations of the care and support provided were welcomed.

All service users were given copies of the service's complaints, comments and compliments procedures. There had been no complaints since the previous inspection.

Care Standards Questionnaires (CSQs) had been issued to service users and feedback confirmed that 75% either 'strongly agreed' or 'agreed' that the service asked for their opinions about how it could improve.

An overall service development plan 2014/15 had been devised. Most of the issues for development were made on basis of both formal and informal discussions with service users and members of staff. The service also displayed a 'Good Ideas Board' in the centre as a means of inviting suggestions from attenders. The service development plan highlighted the actions being taken by the service to act on the views expressed by those contributing.

In addition to daily chats and discussions regular reviews took place and these informed how future care was to be supported.

Taking all of the above into account we concluded that the service's participation arrangements were active and embedded and responded appropriately to any suggestions raised. The service is performing to a good standard.

Areas for improvement

In Quality Statement 1.3 of this report we will report on the need to ensure that all care reviews are kept up to date.

The service's surveys should be further developed to ask 'open' rather than 'closed' questions. This should more usefully elicit views and suggestions from those contributing.

Two of the respondents to our Care Standards Questionnaires (CSQs) - "disagreed" and three others indicated that they "did not know" if the service asks for their opinions about how it can improve.

Some of those contributing to our telephone interviews, which were carried out by an Inspection Volunteer, felt that communication between themselves and members of staff could improve. Comments included:

"I wish they would improve the communication as they think the [information sharing] logs are old fashioned and some do it and others don't."

"The communication is not brilliant."

The provider should reflect on these issues and endeavour to improve communication and further opportunities for service user participation.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

We found the service to be performing to an adequate level in ensuring service user's health and wellbeing needs were met.

The adequate grade applies to performance at a basic but adequate level. The grade represents a standard where the strengths have a positive impact on the

experience of service users. However, while weaknesses will not be important enough to have a substantially adverse impact, they are constraining performance.

Some examples of strengths were:

- Care plans contained useful and up to date information about peoples support needs. This included information about their perfect day at home. We found the plans had been written in a person centred and respectful way. Plans were clear and easy for staff to follow.
- There was a focus on re-ablement throughout the service. We noted that staff took pride in helping people achieve their outcomes, including being able to carry out small tasks for themselves. Staff recognised the achievements people made and had an encouraging and supportive approach. This helped people be motivated to do things for themselves.
- We noted an example of feedback from a relative who was very pleased with how their family member was being supported. They commented on how much more alert and interested their relative was since moving to the service. This indicated that the re-ablement focus was having a positive impact on people's lives.
- Care plans contained detailed risk assessments. Some examples of these were risk assessments for people who had a choking risk and detailed how people should be supported to have their meals. We could see how these linked to care plans. This helped ensure people were given the appropriate care and support.
- A meal service was offered to people and was well liked by those using it. This meant that people could receive cooked meals either in a communal setting or within their own homes. This helped ensure that people were eating freshly cooked meals.

The service was compiling 'Getting To Know Me' profiles of each service user's life history, including their family circumstances, their likes and dislikes and other useful descriptors which will usefully inform their ongoing care and support.

The service worked closely with a number of voluntary sector groups which provided a range of social activities in the Sunnybrae Centre. Local community outings were also included. These sessions were greatly appreciated by those who attended the Sunnybrae Centre.

Staff within the service were respectful of service users support needs. Those service users we met spoke positively about their experiences of the service.

The service had explored the option of 'self-directed support' with some service users as a possible alternative route to meeting their ongoing care and support needs. This route had not yet been taken up by any of the service users but the service is demonstrating its willingness to consider other individually tailored alternatives.

Taking all of the above into account we concluded that the service was working to an adequate standard.

Areas for improvement

There was information in some peoples care plans that indicated relatives had legal powers such as Guardianship or Power of Attorney. We found that there was a lack of information within the plans to enable staff to know what these powers meant and how to support people with these. The service should ensure that where people's relatives have legal powers that there is a copy of these powers available within the personal plan and that staff understand how to comply with these.

The provider was in the process of introducing service-specific medication guidelines for the care at home service. Although some of the current guidelines used at Sunnybrae referred to the care home medication procedures. We noted people were being supported with medication in varying ways.

The records that the service kept of medication that had been administered could be improved. This included where 'as required' medication was being used; records should detail what this was given for and how effective it was. The service should also take care to note instances where 'as required'

medication is being given routinely. The person should be supported to raise this with their GP to ensure their health needs are properly met.

Where people had 'as required' medication we found that protocols were in place to support the administration of these. However we felt that the protocols could contain more personalised and detailed information to help ensure that staff could safely support people with medication. These should include information about why the person would need the medication, and how they would present if they needed it, as some people may not be able to verbalise this.

We discussed a recent notification from the provider when the service had carried out an audit of medication in a service user's home and noted a discrepancy in relation to a controlled drug. The provider had sought to minimise the likelihood of any further recurrence by ensuring, in future, two members of staff would sign for the administration of controlled medication (which would be the expected standard practice in a care home setting).

We considered the service's practices were vulnerable and staff needed further support to clarify their roles and responsibilities. **(See Requirement 1)**

We noted that individual risk assessment sheets are reviewed on a 4/6weekly timescale - or sooner if required - to say they were still relevant. All risk assessments had been signed and dated. However in some instances this process had gone on for over a year. We would expect a full re-assessment to be done at 12 months or sooner (if a person's needs changed) to ensure that the risk assessments on file had been fully re-written. **(See Recommendation 1)**

Most people had reviews of their support at six monthly intervals. However, we noted that in some files these had not taken place within this timescale. The service must ensure that people's care plans are reviewed at six monthly intervals, or sooner if their needs change. **(See Recommendation 2)**

The provider needed to review the lunchtime support arrangements both for those who attended the Sunnybrae Centre and for those service users who opted to remain within their homes. Part of the review process should consider

how choices can best be offered to service users and how those dining at the Sunnybrae Centre can be better supported at meal times. Such a review will need to take account of the ways service users in their own tenancies are supported over the lunch time period.

We observed that the service's managers and members of staff had developed the practice of referring to service users by the number of their home address. We would actively encourage the service to adopt a more person-centred approach and refer to people by their names.

Similarly the records of care plans were often generic in format and used standard phrases such as "assisted as per support plan". A more person-centred approach to daily recordings should be adopted which notes the individual activities undertaken with service users. Records should strive to be more evaluative and note whether the support plan is effective or needs to be reviewed in the light of experience of supporting individual service users.

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider must fully implement appropriate medication management and administration guidelines to inform staff practice and to safeguard service users. Reference should be made to current best practice guidance.

This is order to comply with: SSI 2011/210 Regulation 4 (1) (a) Welfare of users.

Timescale: 3 months from receipt of this report.

Recommendations

Number of recommendations - 2

1. The provider must review and fully re-assess risk assessments within each service user's personal plan within prescribed timescales.

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

2. The provider must ensure that service users' personal plans are reviewed at six monthly intervals, or sooner if their needs change.

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

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

Service Strengths

The findings in this quality statement are similar to those reported on in Quality Statement 1.1.

The service is performing to a good standard in respect of this Quality Statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users

The good grade applies to performance characterised by important strengths which have a significant positive impact.

Areas for improvement

We have suggested in Quality Statement 1.1, as an area of development, that the provider should reflect on the issues raised and endeavour to improve communication and further opportunities for service user participation.

Grade

4 – Good

Number of requirements – 0

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 is performing to a good standard in respect of this Quality Statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Mission statement
- Service development plan
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users
- Observed staff practice

The good grade applies to performance characterised by important strengths which have a significant positive impact.

During the inspection we found everyone working in the service was good at respecting people using the service, their carers/relatives and each other. We decided this after observing interactions between people and staff and speaking to people, their relatives/carers and the staff.

All members of staff had been issued with copies of the Codes of Practice and National Care Standards. During interviews with them they confirmed there was

"good, close teamwork" focussed on the needs of the people who used the service.

Staff told us that they had received training in Adult Support and Protection and about the core values of care, like respect, equality and diversity.

We looked at staff meeting minutes, supervision notes and appraisal records and saw that reflection on practice and discussion took place.

We could see in the service's self assessments that it intended to include 'Care About Rights' DVD, by the Scottish Human Rights Commission, to form part of the induction process.

People told us that staff were respectful and supportive, for example we carried out telephone interviews and the following comments were offered:

"The staff are genuine people who are great to my relative. They respect us both and observe dignity at all costs and are great listeners. We are happy now."

"On behalf of my relative they feel very well supported with nice staff doing it."

Easy read information and guidance had been produced to help people understand their rights, such as their right to vote. The notice board contained a wide range of useful information and contacts. Ideas and suggestions were welcomed and people were routinely surveyed about their views of the service.

People using the service and the staff told us they felt valued and respected.

Taking all of the above into account we concluded the service was performing to a good standard in respect of this quality statement.

Areas for improvement

We have reported in Quality Statement 1.3 of this report how we observed that the service's members of staff had developed the practice of referring to service users by the number of their home address. We would actively encourage the service to adopt a more person-centred approach and refer to people by their names.

Similarly the records of care plans were often generic in format and used standard phrases such as "assisted as per support plan". A more person-centred approach to daily recordings should be adopted which notes the individual activities undertaken with service users. Records should strive to be more evaluative and note whether the support plan is effective or needs to be reviewed in the light of experience of supporting individual service users.

Feedback from some of our telephone interviews highlighted difficulties, from relatives' perspectives, with communication issues in the service. Comments included:

"How I wish communication would improve. [Some staff] think the [two way communication] logs are old fashioned so some do it and others don't."

"The carers are brilliant but the communication between all is lacking."

"I do have qualms as some carers are way better than others and the communication is not brilliant either."

The provider needed to acknowledge these comments and put in place measures to remedy the communication difficulties which detract from the overall experience and ethos of the service.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

Service Strengths

The findings in this quality statement are similar to those reported on in Quality Statement 1.1.

The service is performing to a good standard in respect of this Quality Statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users

The good grade applies to performance characterised by important strengths which have a significant positive impact.

Areas for improvement

We have suggested in Quality Statement 1.1, as an area of development, that the provider should reflect on the issues raised and endeavour to improve communication and further opportunities for service user participation.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

The service is performing to a good standard in respect of this Quality Statement.

We came to this conclusion after we looked at a range of the service's practices including:

- Staffing arrangements, practices and training records
- Roles and responsibilities
- Interviews with members of staff

The good grade applies to performance characterised by important strengths which have a significant positive impact.

We spoke with people using the service, the manager and staff. We examined self assessment, supervisions, appraisals and the service development plan. From all this information we concluded that the service encouraged good quality care by promoting leadership values at a good level.

We saw that the self assessment submitted to us by the service before the inspection was inclusive, supporting everyone's right to get involved if they wanted to.

From our discussions with staff we found an open and approachable team who valued contributions and the support of their colleagues.

We were told that the service was "well managed" and improving on its previous performance.

We found a good service development plan, which was a product of a whole team effort. This was regularly updated through team meetings, staff supervisions, appraisals and reviews for people using the service.

We found a culture that made sure everyone could be involved, that ensured all had a role to play in driving forward service improvements in a collaborative way.

Staff within the service routinely fulfilled a number of acting-up duties when they were taking the lead to manage each shift. Much of this was done on an informal basis.

Some examples of the promotion of leadership values within the workforce included enabling new employees with opportunities to carry out co-key worker duties to learn about roles, responsibilities and key care support tasks. Social care worker grade staff had some supervisory responsibilities, including supervising students on placement and also personal planning duties. Some staff had begun to take the lead as 'champions' to further develop care practices throughout the service.

Taking all of the above into account we concluded the service was performing to a good standard in respect of this quality statement.

Areas for improvement

We received three Care Standards Questionnaires (CSQs) from members of staff. One commented that "often there is not enough time for staff to talk about day-to-day work or time to keep support plans up to date".

We considered that the service needed to adopt a more formal and proactive approach to promoting leadership opportunities throughout the workforce.

The provider should consider the "Step into Leadership" resource as a way of enabling more structured leadership opportunities within the Sunnybrae Centre.

We would also actively encourage the practice of staff having dedicated time to become reflective practitioners by searching evidence-based care practices on specialist websites and take the lead to 'champion' particular aspects of care and support throughout the service.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

7 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

8 Enforcements

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

9 Additional Information

10 Inspection and grading history

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

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