

## St. Rognvalds House Care Home Service

off Old Scapa Road  
Kirkwall  
KW15 1BB

Telephone: 01856 872106

Type of inspection: Unannounced  
Inspection completed on: 16 September 2016

**Service provided by:**  
Orkney Islands Council

**Service provider number:**  
SP2003001951

**Care service number:**  
CS2003009102

## About the service

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

St. Rognvalds House is registered to provide care for up to 40 older people on a permanent basis and four on a respite/holiday basis. The home is provided by Orkney Island Council (OIC). The care home is based around a central courtyard which has a water feature and aviary. There are also landscaped garden areas surrounding the buildings. The accommodation is split into St. Magnus for physically frail residents and St. Mary's for people with dementia. Each unit is made up of wings that have single rooms, toilets, shower rooms and bathrooms. Twenty eight bedrooms have ensuite facilities. There are also various sitting areas, two dining areas and office accommodation, kitchens and laundry.

As stated in the home's brochure: 'St. Rognvalds House aims to provide its residents with a secure, relaxed and homely environment in which their care, well-being and comfort is of prime importance'.

The inspection focused on standards of care for people living with dementia. We are using a sample of 150 care home services to look in detail at the standards of care for people living with dementia and this service is one of those selected as part of the sample.

The areas looked at were informed by the Scottish Government's Promoting Excellence: A framework for health and social care staff working with people with dementia and their carers and the associated dementia standards. It is our intention to publish a national report on some of these standards during 2017.

## What people told us

We received 12 views from out of the 44 residents through completed care standard questionnaires and from speaking with the residents during the inspection. We also received views from 14 relatives. Comments received included: 'I think of St. Rognvalds as home. I am happy here.' The questionnaires indicated that overall residents and relatives were happy with the service provided.

There were some negative comments including: 'On the whole I am pleased with the care home but sometimes feel they are very short staffed with only four staff members sometimes to get sixteen or more residents up in a morning who maybe need a lot of help, but then this is not the staff's fault. The home is clean and tidy but sometimes there can be a smell, but again it is an old building and some of the areas still have carpets on the floors and soft furnishings and this can be difficult to keep clean.'

There were negative comments about the quality of the evening meals.

## Self assessment

The Care Inspectorate received a fully completed self-assessment from the provider. The provider had indicated areas for improvement that had been planned.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	4 - Good
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

Care staff were observed to be helpful, calm and patient with the residents and this was confirmed by relatives. There were effective working relationships with allied healthcare professionals. All nursing interventions were provided by community nurses who called in to the home every day.

Residents who did not have the capacity to make decisions about their medication had an appropriate certificate from their GP. Management need to talk to GPs about the need for a treatment plan along with the certificate.

Communication between staff was good. Each member of the care team attended the shift handover and was given a record of the residents allocated to them and essential details about them. Staff knew the residents well.

We used the 'Short Observational Framework for Inspection' tool to assess the quality of staff interactions with residents who had dementia. We found that staff responded well to residents who were stressed or distressed. Those residents who were quiet generally received just the minimum communication necessary. Lack of positive interactions that supports the resident's personhood could contribute to further mental health problems.

Residents did not have an oral care plan that would guide staff how to support a resident with teeth and mouth care. Residents had an oral assessment though care staff did not record any personal care given on a day to day basis. There were plans to appoint an oral care champion to improve care practice. **(See Recommendation 1)**

The dining experience for residents in St. Mary's should be improved as residents were not treated with the dignity and respect they were entitled to expect. **(See Recommendation 2)**

Residents were consulted about the menus and the chef would make changes in response to residents' wishes. The evening menu had few vegetables and it would be beneficial to review this with a dietician.

The care plan for a resident who was diabetic had no specific information about this condition including symptoms to watch for that might indicate he was becoming unwell. There was no information about what to do if he did develop complications such as a hypoglycaemic attack. **(See Recommendation 3)**

The care plan format was being changed and we found that information about residents was kept in several places. It was hoped to complete the changeover soon as this situation was confusing for staff. Some plans had good detail about the person to assist staff to know the resident and support person centred care.

We had some concerns about medicine arrangements and have made a recommendation. **(See Recommendation 4)**

During our visit there was little evidence of activities being provided for the majority of residents. A few residents were taken out to a science event. The recommendation is continued. **(See Recommendation 5)**

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 5

1. Residents who need assistance with oral care should be assessed and a care plan should be developed to guide staff as to how to support the individual. Oral care should be recorded on a daily basis whether given or refused. This would help staff to know whether the resident needs specific help or to be referred to a health professional.

National Care Standards, Care Homes for Older People: Standard 13 – Eating well.

2. The dining experience for residents who live in St. Mary's should be improved.

a) Residents should be helped to understand what food they can choose to eat. Menus should be available and/or staff should show residents an example of each choice at the meal.

b) Residents should be offered a drink of choice with their meal.

c) The dining table should be set attractively and residents should be able to have a cloth napkin so that they can keep their face and hands clean. We observed residents left with food on their face and clothes.

d) Condiments should be available and offered at each meal.

e) For all residents, meal times should be reviewed so that residents are not having breakfast at 11am immediately followed by lunch at 12noon. Residents' meals should be spaced at reasonable intervals throughout the day and at times that the resident would expect.

f) Residents should be able to choose where they wish to eat. The dining room at St. Mary's was very busy and could be noisy which contributed to some residents' distress.

g) Management should consider creating a meal coordinator who would be responsible for ensuring residents got the help they required at the right time so they got a hot meal when it was still warm. Also to try to create a pleasant dining experience for the residents.

h) Fruit, finger food and snacks should be available for residents to access to help residents who have a poor appetite get enough calories.

i) Crockery, table cloths, cutlery and drinking glasses should be chosen with care to look familiar and to be able to be seen by people with dementia.

National Care Standards, Care Homes for Older People: Standard 13 – Eating well.

3. Staff should be made aware of residents who may develop health complications, for example those whose diabetes is unstable. There should be a care plan that includes symptoms to be aware of and what to do if the person's health deteriorates.

National Care Standards, Care Homes for Older People: Standard 6 – Support arrangements.

4. Medication arrangements should improve.

a) There should be a care plan for residents who are on 'as required' medicine for pain and emotional distress. The maximum dose in 24 hours should be on medicine administration record (MAR). The effectiveness of 'as required' medicine should be recorded. Staff should only record when 'as required' medicines have been given. This results in a more straightforward audit.

b) There should be a body chart and guidance about application for residents who are prescribed topical medicine.

c) Medication should continue to be regularly audited to try and remedy errors.

National Care Standards, Care Homes for Older People: Standard 15 – Keeping well – Medication.

5. The service should provide activities that take account of each person's ability, needs and preferences to ensure that there is activity provision suitable for all who use the service. Individual life story, preferences, needs and abilities should be taken account of to inform person centred activities, support, and improve the provision of activity that is meaningful for all people using the service.

Consideration should be given to leadership and training to improve delivery of this essential part of the care service.

National Care Standards, Care Homes for Older People: Standard 12 – Lifestyle.

**Grade:** 3 – adequate

## Quality of environment

### Findings from the inspection

In St. Mary's several of the residents walked about habitually and were lost not knowing where they were. We used a tool to assess how dementia friendly the environment was. This highlighted a range of areas where it would be beneficial to the residents to make improvements. (**See Recommendation 1** about promoting orientation and **Recommendation 2** about promoting continence and personal hygiene)

Residents in St. Mary's liked to sit near the care staff office in a homely area that had a fireplace with seating around it and a restful aquarium. We discussed the positive use of music there and the 'Playlist for life' initiative which can be found on the Care Inspectorate 'hub'.

There were large gardens surrounding the home with safe and secure areas at both sides of the home. In the centre was an enclosed courtyard. The gardens were little used.

The service gave priority to environmental safety and the manager had completed a range of risk assessments which were reviewed annually. Sluices were kept locked. Electrical equipment was tested regularly to ensure it was safe and repairs were carried out quickly.

Generally there were good infection control procedures and all necessary equipment supplied. We noted though that the resident's toilet off the lounge/dining room in St. Mary's had no hand wash and a waste bin of which the foot pedal had rusted off. **(See Recommendation 2)**

At times there were strong mal odours in St. Mary's and we could see that some seating and carpets were stained. The décor in parts of the home was shabby and damaged though the handyman was refreshing paintwork while we were there. The windows were dirty and some had condensation. **(See Recommendation 3)**

The handyman tested water temperatures both in relation to the prevention of legionella and to help ensure residents were safe from being scalded. From records, some hot water outlets were only tested twice each year. We also found that care staff did not use a thermometer to test the temperature of bath or shower before residents used the water. **(See Recommendation 4)**

Staff spoken with indicated that they found it difficult to meet all except residents' basic needs and thought that they were short staffed. Records show that staffing levels have improved since last inspection though both residents and relatives stated that staff could be very busy and could take a long time to answer call bells. Management need to assess on a monthly basis the need of each resident for staff assistance and this assessment should inform numbers of staff needed. **(See Recommendation 5)**

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 5

1. It is recommended that improvements are made to the environment to promote orientation and mobility round the home.
  - a) Toilet signs should be able to be seen from all areas. They should be clear, have words and picture or symbol and be at the right height.
  - b) More use could be made of pictures/objects and/or colours to assist residents with dementia to find their way around.
  - c) Pictures on bedroom doors need attention. Staff should ensure that residents who need a personalised door have an attractive clear picture that the resident can identify with.
  - d) Orientation boards should be easy to read, nice-looking and kept up to date.
  - e) Light bulbs should be replaced when not working. The light levels of the corridors should be assessed to ensure they are bright enough for the residents. Light switches could be made more visible to residents by having a contrasting border.
  - f) Management and staff should consider how to make it easier for residents to negotiate long corridors.
  - g) Photographs and artwork should be of a size that is easy to see and at the right height.
  - h) Gardens could be designed to encourage engagement and activity for example raised beds, points of interest and sheltered seating areas.
  - i) Ensure that residents and relatives know they can request blackout curtains to support normal sleep and wake patterns.

National Care Standards, Care Homes for Older People: Standard 4 - Your environment.

2. Improvements should be made to the environment to promote continence and personal hygiene.
  - a) Consideration could be given to having all toilet doors in the same distinctive colour to enable residents to find them more easily.
  - b) Contrasting toilet seats, flush handles, and rails would make them more visible to those with dementia.
  - c) Traditional and familiar designs of basins, taps and toilet flushes help to ease anxiety and promote self care. We found basins that were very small that could easily overflow.
  - d) Toilet rolls should be able to be easily reached and familiar in style.
  - e) Suitable equipment for hand washing should be available in each toilet.

National Care Standards, Care Homes for Older People: Standard 4 - Your environment.

3. It is recommended that management ensure that the care home décor is kept clean and fresh and free from unwanted smells. Damage to walls and doors should be repaired and decoration regularly renewed. Carpets and fabrics should be free of stains.

National Care Standards, Care Homes for Older People: Standard 4 - Your environment.

4. Management should ensure as much as possible that residents are safe from being scalded through hot water from the taps that they use. The temperature should be regularly tested to check that the thermostatic mixer valve is working. Staff should check bath and shower water with a thermometer before a resident uses the water.

National Care Standards, Care Homes for Older People: Standard 4 - Your environment.

5. Management should use a suitable assessment tool to help assess the dependency of each resident and their need for staff intervention. A copy of this assessment should be in each resident's care plan to inform the direct care hours for the individual.

The assessment should help to determine minimum staffing levels and deployment of staff over a four week period. Account should be taken of the physical layout of the building, the aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all residents and the supervision and training needs of staff.

National Care Standards, Care Homes for Older People: Standard 5 - Management and staffing arrangements.

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

There was positive feedback from residents and relatives about the quality of the care received: 'The staff are very very good.' Staff spoken with demonstrated their commitment to providing a high standard of care and their frustration if they could not.

There were good recruitment procedures in place that would help to ensure that only suitable people were employed. We highlighted that it would be good practice to seek a third reference if one was unsatisfactory.

Some staff confirmed that they had an induction into the service that involved shadowing shifts and being partnered with a 'buddy' over two weeks. There was an induction checklist and workbook to complete over the first couple of weeks and generally new care staff would have people moving and handling training before starting to provide care. Management aimed to provide essential training for new staff in the first few months. Induction training was not evaluated therefore problems were not identified which could be addressed through training or supervision. Senior induction was discussed and the need for the senior to have up to date moving and handling so that they could competently assess care staff's performance. **(See Recommendation 1)**

Staff spoken with confirmed that essential training was up to date. Many of the staff who regularly worked in St. Mary's had accessed training about dementia provided by Stirling University Centre for Dementia. Staff had found this course very helpful in understanding this condition and working with people who lived with dementia. Generally we found the staff in the dementia unit were skilled in supporting the residents there.

Staff accessed some training through I-learn modules online. This training was evaluated through a questionnaire at the end of the course. Seniors had access to the I-learn modules and could assess their staff's progress. Staff were not happy to complete I-learn modules in their own time.

Staff were registered with the Scottish Social Services Council as required by law.

There were staff meetings which helped communication. On each wing staff were knowledgeable about the residents and communicated well with each other. Staff indicated that their morale was low.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. Management should provide suitable induction to prepare staff for their role. Staff's understanding and ability to apply the training should be evaluated so that any issues can be addressed and the staff supported to be competent in their role.

National Care Standards, Care Homes for Older People: Standard 5 - Management and staffing arrangements.

**Grade:** 4 - good

## Quality of management and leadership

### Findings from the inspection

Seniors took responsibility for areas of management including rotas, care plans, supervision and training. The manager met regularly with the seniors to discuss the service.

All care home managers met with senior management on a regular basis to discuss procedures and best practice.



Some audits were completed including about care plans, dignity, environment and analysis of accidents/ incidents. The audits did not always show how this process had improved the service. **(See Recommendation 1)**

The service consulted residents, relatives and staff, formally through surveys and meetings and informally on a day to day basis. From a recent survey there were mixed opinions from relatives. Subjects raised included the effective deployment of staff, the need for more staff, staff breaks, and to know about the resident's activities. A relative commented that an issue she had raised was addressed to her satisfaction.

Residents have been asked about meals and activities and suggestions have been actioned. There was a residents' meeting every six months and no issues have been raised.

Care Inspectorate questionnaires received from relatives highlighted lack of staff, laundry issues, meals and areas of the home needing refurbished.

Four staff completed a recent questionnaire, with three of them expressing negative responses. Feedback has not been published nor an action plan. Staff identified shifts short staffed, little contact with manager, building unsuitable, refurbishment needed and very low staff morale. These issues were again highlighted through talking with staff. We found that a significant proportion of staff expressed dissatisfaction with management. Staff suggested that management was remote from what was happening within the home. Management need to work with staff to create a successful team where all feel valued and there is mutual respect.

The complaints procedure was displayed, and information about complaints was given out with the care home brochure.

We found that most of the action plan that was created following the previous report had been met.

We were disappointed that there were no improvements to the dining arrangements in St. Mary's before the end of the inspection after this was highlighted.

There were concerns that, as there were plans to rebuild St. Rognvalds in some four years time, it was unreasonable to expect improvements to the environment. Residents who were currently in the home have a right to expect to live in an environment that enhances the quality of their lives.

## Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 1

1. It is recommended that the manager ensure there are effective quality assurance systems and processes in place to assess and improve the quality of service on a regular basis. For audits to be effective management should develop actions plans of specific actions required to improve the service. These action plans should have timescales and be monitored to ensure they are carried out and the service improved.

National Care Standards, Care Homes for Older People: Standard 5 - Management and staffing arrangements.

**Grade:** 3 - adequate

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

## Previous requirements

### Requirement 1

The provider must ensure that care plans are wholly reviewed with the resident if possible or their representative at least once in a six monthly interval, or when requested to do so by the resident or representative or when there has been significant change in a resident's health, welfare or safety needs.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 5 (1) (2) (a) (b) Personal Plans

Timescale: 2 months from receipt of report

**This requirement was made on 12 February 2016.**

### Action taken on previous requirement

There was evidence that the majority of care plans had been reviewed within six months.

**Met - outwith timescales**

### Requirement 2

The provider must ensure:

- a) that records of controlled drugs held within the care home meet best practice standards.
- b) that staff competency is assessed at intervals. Management should consider the competency of relief staff who may only occasionally work within the home.
- c) that all care staff who administer medication have training that is in line with accepted practice.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Welfare of users

Timescale: a) 2 weeks from receipt of report b) 3 Months from receipt of report c) 6 months from receipt of report.

**This requirement was made on 12 February 2016.**

## Action taken on previous requirement

The community nurses and the care home management had agreed a better method of recording controlled drugs that was continuing to be used. We could see that there was consistency of recording.

There was a rolling programme to ensure all staff who administered medication had suitable training. This involved practical sessions with a local pharmacist. Training was evaluated through observed practices which were carried out at intervals to ensure staff remained competent.

**Met - within timescales**

## Requirement 3

The provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users - ensure that at all times there are sufficient suitably qualified and competent persons as are appropriate for the health, welfare and safety of residents.

This is in order to meet the Social Care and Social Work Improvement Scotland (Requirement for Care Services) SSI 2011/210 Regulation 15 (a) Staffing

Timescale: 1 month from receipt of report.

**This requirement was made on 12 February 2016.**

## Action taken on previous requirement

Although many staff indicated that shifts were often short, the evidence from staff rotas which was confirmed by a senior member of staff indicated that shifts were usually up to the expected number and only occasionally were short. This was an improvement from the previous visit. Management have a continuous advert on a website and in the local paper to recruit staff to try and maintain the required numbers of staff. New staff have been recruited since the last inspection. The manager carries out dependency assessments of each resident on a regular basis. Individual dependency assessments should be in each resident's care plan to inform staff input necessary. This requirement about staffing levels and assessments of need is in document: 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.' This is available on our website.

**Met - outwith timescales**

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

## Previous recommendations

### Recommendation 1

It is recommended that improvements are made to the dining experience of residents, and more effective use is made of fluid charts as outlined in the report.

National Care Standards, Care homes for older people – Standard 13: Eating well.

**This recommendation was made on 12 February 2016.**

## Action taken on previous recommendation

As part of the inspection focus area about dementia we observed meals in St. Mary's unit. We have made a specific recommendation about this within the report.

We found that the fluid charts had improved. Charts examined showed the target amount of fluid that the resident should have and charts were overseen by the night staff. Any concerns were passed on to care staff through the duty handover.

This was met.

## Recommendation 2

It is recommended that management consider improving the activity provision within the home on a day-to-day basis. Residents should be able to be engaged in some meaningful activity for some part of the day. Consideration should be given to leadership and training to improve delivery of this essential part of the care service.

National Care Standards, Care Homes for Older People – Standard 12: Lifestyle.

**This recommendation was made on 12 February 2016.**

## Action taken on previous recommendation

Staff continued to tell us that they had little time for activities due to the high needs of the residents and occasional shifts being short staffed. We could see that the part time activity coordinator sometimes took residents who were able out to events and on trips. There were some volunteers who visited and spoke to residents on a one to one basis. During our visit we saw residents sitting for long periods of time not engaged with any activity. In St. Mary's there was little to occupy residents though staff tried to make time to sit and talk to residents. The manager had plans to provide activity training for all care staff. There were also plans for senior staff to develop a daily activity programme and to monitor this. This recommendation to be continued.

## Recommendation 3

It is recommended that the provider ensure the heating within the home is suitable for the residents at all times.

National Care Standards, Care homes for older people – Standard 4: Your environment.

**This recommendation was made on 12 February 2016.**

## Action taken on previous recommendation

All radiators have been checked and any repairs have been carried out. There are good arrangements to get any necessary work done quickly on the heating system.

The recommendation has been met though we continue to have concerns that residents in some rooms have to rely on supplementary individual heaters as there are risks associated with this.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings	
17 Mar 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
17 Dec 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
2 Dec 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
16 Jan 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	4 - Good
11 Jul 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good

Date	Type	Gradings	
23 Jan 2013	Unannounced	Care and support	Not assessed
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	Not assessed
17 May 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
25 Jan 2012	Unannounced	Care and support	2 - Weak
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
4 May 2011	Unannounced	Care and support	2 - Weak
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	2 - Weak
17 Dec 2010	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
16 Sep 2010	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	4 - Good
23 Feb 2010	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
2 Oct 2009	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

Date	Type	Gradings	
11 Mar 2009	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
9 Jun 2008	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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