

Canmore Lodge Nursing Home Care Home Service

161 Robertson Road
Dunfermline
KY12 0BL

Telephone: 01383 622374

Type of inspection: Unannounced
Inspection completed on: 31 August 2017

Service provided by:
Barchester Healthcare Ltd

Service provider number:
SP2003002454

Care service number:
CS2007142850

About the service

Canmore Lodge is a well established care home that is owned and managed by Barchester Healthcare Limited. It is a purpose-build care home, situated in a quiet area on the fringe of Dunfermline town. The contemporary property is a single storey and has been designed to provide disabled access. The home can accommodate 68 people. It provides care to people living with Dementia in Memory Lane unit and also frail older people with physical disabilities in Carnegie unit.

The building is set in a well-tended landscaped garden with adequate car parking at the front of the home. The home is close to local facilities and is on a bus route.

The service has had a number of changes in the management structure in the last year and reference to this has been made later in our report on how this has impacted on the service.

What people told us

Prior to our inspection, we sent out 24 questionnaires to residents and relatives to gather their views. Ten were returned to us from relatives with six people leaving comments. The views of relatives were mixed, with half stating they were very happy with the care and attention their loved one received. Positive comments included the following:

"My mum loves the staff at the home and she often gives them a cuddle which is lovely to see"

"I have always been impressed by the patience, love and care shown by the Care and Nursing staff towards their charges - they also get on well with each other and work efficiently as a team"

"Medical needs ie feet, teeth, physiotherapy etc are also met promptly and efficiently"

"My husband is well looked after and is given care, love and attention."

Other comments from the relative questionnaires we received commented as follows:

"Sometimes there is an issue with communication when shifts change over."

"It can be difficult to contact the home, particularly outwith office hours"

"I feel my mother often has unwashed hair and her nails can be completely overgrown at times."

During our inspection, we met with a further 14 relatives who were attending a meeting. Views from the relatives we spoke with were again mixed, main concerns that people raised were high use of agency nurses, not enough staff at times to attend to residents who needed assistance with mobility and lack of activities on offer for residents. Some relatives also did not feel enough was being done to ensure there were sufficient drinks being provided to residents.

We used an inspection volunteer to speak with residents to also ascertain their views. We spoke with a further 10 people during a meal time, in the lounges and in their rooms. People overall felt happy and cared for by the staff and spoke highly of them. Their routines were respected and people told us they were happy with the environment and the food.

Self assessment

We are no longer requesting a self-assessment from services. Instead, we are looking at the overall development plan the service has in place and we have addressed this later in the report.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

Prior to our inspection commencing, we were advised directly by the service of poor recording of wound care alongside lack of consultation with external health professionals. This resulted in deteriorating health for two residents. Poor communication between nursing staff and management had also impacted on the lack of monitoring of these aspects of residents' health and we will address this further in the report.

We followed up on these concerns during our inspection and agreed with the service that the care plans had not evidenced a robust treatment plan in respect of wound care. We also noted that a pre-admission assessment for one resident had been poorly recorded with lack of follow up action being undertaken to meet their assessed needs. In accordance with our findings and that of the service, we have made a number of requirements outlined below to ensure that immediate improvements are made in this area. Because of these concerns, we looked at additional care plans for people who had plans in place relating to skin care. We were able to see that the service had taken immediate action to ensure that these plans were up to date, evaluated and included input where identified, from other health professionals. We were satisfied that no other residents were at immediate risk in this area at the time of our inspection.

In addition to the aforementioned findings, some care plans lacked monthly evaluations of care and some risk assessments were not updated. We also noted that the six monthly reviews for some residents were not up to date. This meant that the on-going needs of some people were not up to date or what action needed to be taken to minimise risks. We did acknowledge however, that attempts had been made to address the outstanding reviews and we saw in a number of instances that relatives had been encouraged to read through care plans and leave their comments or suggestions. We discussed further with the service how this could be improved and progressed and we will continue to monitor this with the service over the remainder of this year.

We observed the meal time experience for people on two occasions. We concluded overall that people received good quality food and choice and assistance was provided from staff in a kind and caring manner. We saw that fluids were offered to residents on a regular basis and that drinks were also available in the lounges.

We did note that residents did not have much interaction with each other in organised activity and most were asleep or watching television. We have discussed this in full with the service who have demonstrated that steps are currently being taken to improve on this. A newly appointed staff member will progress in this area. We have also asked the service to provide us with updates on how this will be undertaken.

Medication records we looked at highlighted that improvements still had to be made relating to the application of prescribed creams. This is necessary so that the people who are at risk of skin breakdown are monitored effectively. We have therefore repeated a requirement previously made to the service.

In accordance with our findings, we have made requirements below.

Requirements

Number of requirements: 3

1. The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this the provider must ensure;

(a) Administration of medication or reason for omission must be recorded on the MARs and TMARs at the time of administration. The service should include accurate records of where prescribed topical creams or ointments have to be applied.

(b) Records kept by the service should accurately record what controlled drugs have been returned to the Pharmacy.

This is in order to comply with Scottish Statutory Instruments 2011/210 Regulation 4 (1)(a) - make proper provision for the health and welfare of people, SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

Timescale: To be in place by 30 September 2017

2. Improvements to the admission process must be made to ensure that there is proper provision to meet the health needs of new residents. In order to do this the provider must:

(a) Ensure that the pre-admission/admission process includes a full assessment and how needs will be met including consideration of all information contained in existing professional assessments;

(b) Associated care plans to be in place no later than 28 days after admittance;

(c) All assessed equipment to meet the needs of residents to be in place from the day of admittance;

(d) Demonstrate that the needs of people who use the service are regularly assessed and adequately met.

This is in order to comply with: Social Care and Social Work Improvement Scotland (Requirements for Care Services) Scottish Statutory Instruments 2011/210 Regulation 4(1)(a) - make proper provision for health and welfare of service users

Timescale: To be in place from 30 September 2017

3. The approach to skin care and tissue viability requires to be improved. In order to do this the provider must:

- (1) ensure that staff assess and manage skin care in line with best practice;
- (2) improve care plan documentation to ensure that a clear complete and accurate record of skin care is kept;
- (3) demonstrate that staff will contact a General Practitioner (GP) or other relevant healthcare team member when people who use the service require treatment or their condition is not improving;
- (4) Ensure that appropriate equipment to minimise the risk of service users developing pressure ulcers is always available and used appropriately;
- (5) Ensure relevant consents are in place with regard to the use of photographs;
- (6) Ensure there is specific reference to the following in the care plans of those service users at risk of developing pressure ulcers:
 - (a) Up to date risk assessments which reflect all identified risks.
 - (b) The regular update of records to reflect change.
 - (c) Consistency in the use of risk assessment tools.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Scottish Statutory Instruments Regulation 2011/210: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents and regulation 5(1) - requirement for personal plans.

Timescale: To be in place from 30 September 2017

Recommendations

Number of recommendations: 1

1. Regular constructive activity should be provided to residents to promote social interaction and wellbeing.
This is to meet National Care Standard 17 - Care Homes for Older People - Daily Life

Grade: 2 - weak

Quality of environment

Findings from the inspection

We observed that the home was overall in a clean condition and free from unpleasant odours. Dining areas and lounges were bright and spacious, and residents we spoke to in their bedrooms were happy with their surroundings and could personalise their own living space. We noted during our walk round that one resident and their relatives were enjoying lunch together in one of the lounges and that provision had been made for this. This indicated that the importance of social well-being had been considered for this resident.

We saw that kitchen environmental checks and recent fire service safety assessments were in place and that action had been undertaken on a small amount of recommendations that had been made. We were able to see

that hazardous cleaning products were stored in locked areas and that records were up to date. This ensured the health and safety of residents were considered.

We noted from records that we inspected that some aspects of essential maintenance within the home was not up to date as we would expect. During our visit, the current manager was aware of the issues we highlighted and was taking immediate action to complete these tasks in order of priority. We have asked for updates in the areas of maintenance outstanding that will be sent to us. New moving and handling equipment has been ordered and we will be updated when this arrives.

We noted that although the corridors were now free of residents' mobility equipment, these were now stored in residents' shared bathrooms. We do acknowledge however, that there is very little storage facilities within the home and currently the service are looking at alternatives for storage. We will provide continued support to the service in this area.

We have discussed with the current management team that it is essential that temperature checks are made and recorded in shared bathrooms and also within the wider environment. This is to ensure residents are not at risk of scalds.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. Storage of mobility equipment should not be kept in residents' bathrooms.

This is to meet National Care Standard 4 – Care Homes for Older People – Your Environment

Grade: 2 – weak

Quality of staffing

Findings from the inspection

Prior to our inspection, the service had advised us two staff members were not undertaking active duty due to practice concerns. We were satisfied that internal investigations were being progressed appropriately.

We spoke with five members of staff during our inspection. Staff told us they would like regular supervision and meetings so that they could discuss issues regarding their day to day practice alongside training and development. This is currently being progressed by the current manager and staff will be asked to provide their feedback on how improvements can be made to ensure staff feel fully supported. Some staff have not undertaken all mandatory training required, for example moving and handling updates. This is essential to ensure that people are mobilised safely. We have discussed this in full with the management team and this is being arranged to be undertaken as soon as possible. We have also asked the service to update us.

Further discussion with staff indicated that there appeared to be a lack of clarity and communication regarding the responsibility of obtaining staff cover when staff were on sick leave. This meant that on some occasions, the

service was understaffed. In discussion with the management team, we were advised that these situations were not always reported to them to rectify. We have asked the service to outline a clear policy to ensure that all staff are aware of their responsibilities regarding staff cover to ensure that the service is fully staffed. We noted in addition to this, that the needs of the residents were not always calculated on a monthly basis which also informs staffing levels. We have asked that the service send to us each month these calculations alongside staffing rotas. This means that we will be monitoring that the needs of the residents are being met by the required number of staff.

We looked at the records for newly appointed staff. We were confident that staff were recruited safely.

We spoke with a new member of staff about their induction. Although the staff member did feel supported by both colleagues and the manager at the time, there was no formal six week review or meeting to discuss the progress of the induction as outlined in the provider handbook.

We noted during our observations that staff assisted residents in a kind and respectful manner. Residents and relatives we spoke with also spoke highly of the staff team and felt that "they worked very hard" and that "they always did their best."

Requirements

Number of requirements: 2

1. All staff must receive appropriate training and updates in line with good practice guidance in order to carry out safe and effective practices.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Scottish Statutory Instruments Regulation 2011/210- Regulation 4(1)(a) - Welfare of Users Regulation 15(a) and (b), (i) and (ii) - Staffing

Timescale: To be completed by 30 September 2017

2. The induction for newly appointed staff should ensure that regular review meetings are undertaken as indicated in the provider handbook to ensure that they are fully supported.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements Care Services) Scottish Statutory Instruments Regulation 2011/210 Regulation 15(a) and (b) - Staffing

Timescale: To commence from 30 September 2017

Recommendations

Number of recommendations: 1

1. Staff should have the opportunity to attend regular meetings to discuss up to date knowledge and good practice.

This is to meet National Care Standard 5 – Care Homes for Older People – Management and Staffing Arrangements.

Grade: 2 – weak

Quality of management and leadership

Findings from the inspection

There has been a number of changes in the management structure over the last year at Canmore Lodge. This has meant that some work we previously asked the service to improve on or undertake has been slow to progress. The provider is in full acknowledgement of this. Currently there is a management team in place who are taking active steps to ensure that immediate improvements are made, and in particular, ensuring that the health and safety of residents is paramount. We were satisfied that the service had a good overview of falls, accidents and incidents within the home and that these were monitored, reported and acted upon appropriately.

We discussed with the current management team that immediate improvement work needs to be undertaken relating to some of the audits undertaken by the service. In particular, this should include the monitoring, analysis and action to be taken in relation to clinical governance. Although the service had undertaken internal audits in these areas that indicated improvements to be made, it was not clearly evidenced how this was being taken forward or who had responsibility for this. Furthermore, there were no timescales identified for the completion of action taken.

The service has acknowledged that there was poor communication regarding the reporting of clinical governance and in addition to this, poor management overview and lack of responding action. We have discussed in detail with the service how a robust protocol must be implemented to ensure that improvements are made immediately in this area. The service will update us when this has been undertaken. We were advised during our inspection that the service will be supported by their internal clinical development advisor who will be working alongside the current manager to ensure the wellbeing of the residents is of the highest priority.

The current manager has started to provide supervision to staff. We feel however, this has been slow to progress in the last year and therefore we have made a requirement in this area. We have also discussed that nursing staff, as a priority, should be provided with individual supervision and in addition to this, be offered sessions as a group. This could progress by undertaking a variety of clinical refresher training, and in particular to ensure that paperwork and care plans are consistent across the service.

In conclusion, there has been a combination of factors that has resulted in the overall current position the service finds itself in. We are confident however, that immediate steps are being implemented to move forward and that additional staffing will be forthcoming to support the service. We also acknowledge that the service are in agreement to regular contact visits with the Care Inspectorate to ensure that progress is being made in the areas that have been identified.

Requirements

Number of requirements: 3

1. The provider must ensure that the service has quality assurance systems in place to ensure that the home is providing an effective service to residents. In order to achieve this, the provider should undertake the following:

- (a) Any issues of concern identified are appropriately recorded and followed-up by named person with outcomes and improvements clearly identified within specified timescales;
- (b) Review and improve the level and frequency of monitoring service provision and ensure that accurate records are kept;
- (c) Audits should record how many care plans have been audited and should include a proportion of these for newly admitted residents;
- (d) Ensure that managers monitor and audit health needs robustly.

This is in order to comply with: Social Care and Social Work Improvement Scotland (Requirements for Care Services) Scottish Statutory Instruments 2011/210 Regulation 4(1)(a) – make proper provision for health and welfare of service users

Timescale: To be in place by 30 October 2017

2. The monitoring of residents' clinical health needs must improve. In order to achieve this, a protocol must be developed and incorporated into existing systems relating to the recording, analysis and overall responsibility of clinical governance. The protocol should include:

- (a) Who has direct responsibility to report clinical governance in all instances and also in the absence of any identified person(s);
- (b) Frequency of reporting and communication methods to be used
- (c) Clear guidance as to any responsibilities of Agency Nurses in this area

This is in order to comply with: Social Care and Social Work Improvement Scotland (Requirements for Care Services) Scottish Statutory Instruments 2011/210 Regulation 4(1)(a) – make proper provision for health and welfare of service users

Timescale: To be in place by 30 October 2017

3. To improve communication and monitor training development identified for staff, the management team should ensure

- (a) All staff are given the opportunity to meet with their manager in line with current policy
- (b) The supervision meeting should take account of the staff member's training and development needs within the role that they are employed to do;
- (c) A record should be maintained of each and every supervision meeting and should be signed by the employee and manager as an accurate record of the supervision meeting;

This is in order to comply with: Social Care and Social Work Improvement Scotland (Requirements for Care Services) Scottish Statutory Instruments 2011/210 Regulation 14 Staffing - 1(a)

Timescale: To be in place by 30 September 2017

Recommendations

Number of recommendations: 0

Grade: 2 - weak

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

Previous requirements

Requirement 1

1. The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this the provider must ensure ;

Administration of medication or reason for omission must be recorded on the MARs and TMARs at the time of administration. The service should include accurate records of where prescribed topical creams or ointments have to be applied.

This is in order to comply with:

SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

Timescale: With immediate effect from receipt of this report

This requirement was made on 29 July 2016.

Action taken on previous requirement

The charts we looked at for topical creams showed improvements still needed to be made. Some directions for application of these were vague, and we saw gaps in the recommended applications with no explanation for omission. We found that the controlled drug book recorded medication as still being held by the service when in fact the drugs had been returned to the pharmacy.

We have therefore repeated this requirement under Care and Support taking into account our additional findings.

Not met

Requirement 2

2. The service should ensure that action that is required and recorded on health assessments is followed through, in particular with regard to oral health assessments.

This is to comply with SS1 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of people, and Regulation 2(4)(b) A provider of a care home service must make such arrangement as are necessary for the provision to service users of adequate services from any health care professional, in this regulation, health care professional means a registered dentist, or dental practitioner registered with the General Dental Council.

Timescale: Within immediate effect from receipt of this report

This requirement was made on 29 July 2016.

Action taken on previous requirement

We looked at a sample of care plans and oral health care records and saw that these were accurately and regularly recorded. The service also receive reports from health colleagues in this regard.

Met - within timescales

Requirement 3

3. The service should ensure that staff have up to date training in line with the dementia "Promoting Excellence" framework.

This is in accordance with Scottish Statutory Instruments (SSI) 2011/210 15(b).

This requirement was made on 29 July 2016.

Action taken on previous requirement

From training records we looked at, and our discussions with staff and the management team, we were satisfied that the majority of staff had attained a satisfactory level of dementia training.

Met - within timescales

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

Previous recommendations

Recommendation 1

1. The service should ensure that a consent form is in place with regard to any restraint measures and that people who have welfare powers are consulted and in agreement with these measures.

This is to meet National Care Standard 6 - Care Homes for Older People - Supporting Arrangements

This recommendation was made on 29 July 2016.

Action taken on previous recommendation

We saw in a low number of instances that some consents had not been provided for equipment such as bed rails and sensor mats. We have asked the service to expedite this and send us confirmation when this has been carried out for all residents who require consents to be in place.

Recommendation 2

2. The service should ensure there is consistency in the recording in relation to Anticipatory Care Planning and that all residents and other relevant parties are consulted in this process.

This is to meet National Care Standard 5 - Care Homes for Older People - Management and Staffing Arrangements

This recommendation was made on 29 July 2016.

Action taken on previous recommendation

We found there was still inconsistency in this area and have asked that the service progress with this. We will follow this up again at our next inspection.

Recommendation 3

3. The service should ensure that it is clear who holds welfare powers for residents and copies of legal documentation should be evidenced. Those residents with incapacity should have an AWI (Adult with Incapacity) Certificate in place.

This is to meet National Care Standard 5 - Care Homes for Older People - Management and Staffing Arrangements

This recommendation was made on 29 July 2016.

Action taken on previous recommendation

The manager demonstrated that a register was being kept of all residents who had a Power of Attorney in place. This also included whether there was an Adult with Incapacity Certificate in place. This recommendation has therefore been fully met.

Recommendation 4

4. The corridors leading to residents' rooms should not be used as a storage area for equipment and furniture as this may impact on their ability to move around safely.

This is to meet National Care Standard 4- Care Homes for Older People - Your Environment

This recommendation was made on 29 July 2017.

Action taken on previous recommendation

During our visits we did not see equipment belonging to residents left in corridors. This recommendation has therefore been fully met.

Recommendation 5

5. The service should provide regular opportunities for reflective supervision of staff in line with current policy. These meetings should also record the training undertaken by staff and how this has informed their practice.

This is to meet National Care Standard 5 - Care Homes for Older People - Management and Staffing Arrangements

This recommendation was made on 29 July 2016.

Action taken on previous recommendation

We spoke with five members of staff during our inspection. We heard that they had not had regular supervision in some time. We have therefore discussed this with the management team to ensure that this is offered to all staff in line with their current policy. We have made a requirement under Management and Leadership in this regard.

Recommendation 6

6. The service should further develop the quality assurance audits to ensure that discrepancies identified are acted upon with corrective action being put in place.

This is to meet National Care Standard 5 - Care Homes for Older People - Management and Staffing Arrangements

This recommendation was made on 29 July 2016.

Action taken on previous recommendation

We found that the audits required further development and had to be more robust. We have made requirements in this regard under Management and Leadership.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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	
9 Feb 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
29 Jul 2016	Unannounced	Care and support	3 - Adequate
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
25 Feb 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
25 Nov 2015	Unannounced	Care and support	3 - Adequate
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
27 May 2014	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
29 May 2013	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
29 May 2013	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good

Date	Type	Gradings	
		Staffing	5 - Very good
		Management and leadership	5 - Very good
19 Dec 2012	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
30 Jan 2012	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
15 Jul 2011	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
14 Sep 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
12 May 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
5 Jan 2010	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
19 Aug 2009	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	6 - Excellent
		Management and leadership	5 - Very good
27 Nov 2008	Unannounced	Care and support	Not assessed
		Environment	Not assessed

Date	Type	Gradings	
		Staffing	Not assessed
		Management and leadership	5 - Very good
24 Jun 2008	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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