

Wallace View Care Home Service

77 Westhaugh Road
Stirling
FK9 5GF

Telephone: 01786 241339

Type of inspection: Unannounced
Inspection completed on: 18 September 2017

Service provided by:
Countrywide Care Homes (3) Limited

Service provider number:
SP2013012124

Care service number:
CS2013319185

About the service

Wallace View Care Home is registered to provide a care service to a maximum of 60 frail older people of whom a maximum of 30 people will have a diagnosis of dementia. It is also registered to provide respite places for three people as part of the registered numbers.

Wallace View is managed by Countrywide Care Homes (three) Limited, and has been registered with the Care Inspectorate since January 2014.

The home is situated in a quiet residential estate within a short driving distance from Stirling town. It is purpose built over two floors with a small garden area to the front of the building. It has a separate lounge and dining areas on each floor.

At the time of our inspection there were 52 residents living at Wallace View, with one resident due to return from hospital. Residents who have a diagnosis of dementia are mainly being cared for on the second floor.

There have been a number of changes within the management team in the last year. Currently there is a temporary manager in post who will be taking forward some of the current improvements we have suggested until a permanent manager is recruited. This is discussed further in the report under the Management and Leadership theme.

What people told us

Prior to our inspection, we sent out 20 questionnaires to residents and relatives to ascertain their views. Three were returned to us from residents and also from relatives. The views contained within the questionnaires were mixed. Overall, everyone who submitted a form felt there was too many changes with the staff and management which impacted on people knowing the residents as well as they could. It was also the majority opinion there was a lack of structured activities for people and not enough outings. Some residents felt their preferences were not considered with regard to preferred crockery and that at times they had to wait for longer than they would like for two carers to assist them to mobilise. Comments were made about missing clothing or the wrong clothing being in cupboards/drawers. Relatives felt there should be more meetings for the residents so they are involved in some decision making. Comments were also made about lack of re-decorating as well as some areas looking "shabby." Three relatives we spoke with felt their relative's room did not smell fresh, and there wasn't enough attention to giving people drinks when asleep. Other comments from questionnaires included:

"Overall I am happy and well cared for. The food is good and there is always someone on hand to assist me with my meals."

"The carers are a great bunch and work hard."

"The house-keeping staff are very good and so helpful, cheering me up while they work."

"Staff team - they are all nice but their training needs to be addressed, dementia training in particular"

"The core small team seem to have been there for a while and I can see they are doing their very best."

We spoke with 10 residents during our inspection. Residents told us they felt the staff worked hard and they could make their own decisions regarding their morning and night time routine. We heard from residents they could have a late cooked breakfast if they wanted. Residents told us they were supported when they needed this and did not feel they had to wait long for assistance.

Self assessment

We are currently not asking services to submit a self-assessment. Instead, we look at the current development / improvement plan held by the service and reference is made to this later in the report under the management and leadership theme.

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

We found that the care and support residents received differed between the ground and upper floor. Residents on the ground floor were able to communicate their needs to staff and we felt overall that staff were attentive. We saw from medication records that these were overall recorded well and these included why people needed "as required" medication and if this had been of benefit to the individual. However, it was not always clear in some instances with regard to the dosage of analgesia given, for example why some doses were only one tablet or two. We saw that care plans were clear relating to skin care and we could see that those residents who had wounds were recovering. Appropriate referrals were made to other health professionals when necessary. This supported an appropriate and consistent level of care. We sampled fluid intake charts, position change charts and found these to be fully completed. This meant residents health was being monitored.

During a mealtime observation we saw that this was overall efficient and that residents were being supported by staff where needed. We noted from records not all residents agreed to be weighed. We were not able to see how their nutritional intake was being monitored. We have made further reference to this later in our report.

We saw jugs of drinks being left in lounges for residents to access, however we observed that not everyone would be able to access drinks independently. Staff should be vigilant to ensure all residents are able to drink regularly throughout the day.

The service should ensure that all records are up to date in relation to those residents who do not have capacity to make decisions and who holds welfare powers on their behalf. In addition to this, consent forms for all equipment that is regarded as restraint measures should also be signed by the welfare appointee if required.

It is currently acknowledged by the management team there is a lack of structured and meaningful activity for residents. We were advised a new member of staff will be starting with the service to take this forward, however all staff should be involved in this area to promote social interaction and mental wellbeing of residents. This is referred to later in our report.

Observations undertaken on the upper floor highlighted that there was in some instances, a lack of understanding by some staff in responding to the needs of people living with dementia. We have reported on this later in our report under "staffing." We noted the recording of the management of stress and distress for residents was weak, and it was not evidenced how people were supported effectively. Additionally, in some instances, there was a lack of pain assessments in place for residents who were unable to ask for pain relief. Further reference to these findings is explored further under the three remaining themes in this report.

Requirements

Number of requirements: 4

1. All residents at all times should be treated with dignity and respect. This should be demonstrated by staff in their every day practice and communication with residents.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Scottish Statutory Instruments 2011/210 Regulation 4(1)(b) – provide services in a manner which respects the privacy and dignity of service users

Timescale: To commence 18 September 2017

2. The provider is required to make proper provision for social events, entertainment and activities which meet the assessed need and choice of people who use the service and are in line with good practice. The provision of activities must be clearly recorded within the personal plan or activity planner.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210: Regulation (1)(a) make proper provision for the health, welfare and safety of service users and Principle (3) A provider shall provide the service in a manner that promotes quality, respects independence and affords them choice.

Timescale: To be evidenced and in place no later that 31 December 2017

3. The provider must ensure that residents nutritional needs are met effectively, and in particular for residents who do not want to be weighed. In order to achieve this the provider must:

- (a) ensure that dietary recommendations are accurately met
- (b) ensure that daily food charts reflect accuracy on what a resident's intake is
- (c) ensure that staff have a clear understanding of accurate recording in relation to residents dietary monitoring

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

Timescale: To be evidenced no later than 31 December 2017

4. The provider must be able to demonstrate that where a service user is in pain or is assessed as being 'at risk' of developing pain, proper systems have been put in place and implemented to address this and any resulting treatment is recorded. It should also be clear as to the actual dosage people should receive. The systems must include provision for the training of staff to ensure that where residents are unable to communicate the fact that they are in pain, staff nevertheless have the skills and knowledge to be able to respond appropriately.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210 regulations 4(1)(a), 9(2)(b) and 15(b)(i).

Timescale: To be evidenced no later than 30 November 2017

Recommendations

Number of recommendations: 2

1. Drink containers left in resident lounges should be labelled to indicate when these have been made and should be refreshed regularly. Residents who cannot access drinks independently should be supported to do so and those who are asleep should also be encouraged to drink fluids throughout the day.

This is to meet National Care Standard 13 – Care Homes for Older People – Eating Well

2. Records kept for residents should be more organised to find information easily and care should be taken to ensure handwriting is legible.

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

Grade: 2 – weak

Quality of environment

Findings from the inspection

We found in general that some areas of the home would benefit from redecorating, in particular dining areas looked tired and some marks on walls had not been cleaned off. Pictorial menus on the walls were on the small side, and there was no calendar in place. Some residents were asking staff what day it was so they could read the menus on tables. We did not see a lot of evidence of adapted/coloured crockery or utensils for people who may need this. We noted that a resident seated in a wheelchair had it noted in their care plan that a recliner chair should be provided so that their feet could be elevated.

We noted in particular, the upper floor could be very hot and that temperatures in the treatment rooms were higher than the recommended guidelines. Regular temperature checks should be in place to ensure that both residents and staff are not in any discomfort. Some residents rooms had unpleasant odours and this had been commented upon by some relatives. Regular steam cleaning of rooms should be routinely evidenced. We saw further defects being reported but we were not able to see in all instances if the corrective action had been carried out. We have made a recommendation below in this regard.

External contract maintenance was in order and all statutory maintenance checks were adhered to that we would expect. We noted that individual's hoist slings had been left lying around but this was dealt with at the time when we pointed this out. We saw adequate supplies of aprons and gloves. It was disappointing that a number of small tables on the upper floor were needing a thorough clean, these were removed during our inspection and the following day we were able to see an improvement in the cleanliness of the upper floor.

Further reference is made with regard to the prevention of infection under both staffing and management and leadership in this report.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. Regular recording of temperatures should be in place, in particular for the upper floor and treatment rooms. Corrective measures should be in place if the temperature is consistently above the recommended average temperatures.

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

2. The everyday general maintenance needs to be carried out without delay and accurately record the actions that have been undertaken to remedy any defects reported.

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

3. The home, and in particular resident's bedrooms, should be free from unpleasant odours. Regular steam cleans in instances of odours should be evidenced in cleaning records.

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

We noted in staff records for newly appointed staff that they were recruited in accordance with the required legal background checks. The residents we spoke with spoke highly of the staff and felt their routines were respected and did not have to wait long for assistance they needed. It was noted by both residents and relatives that staff could be "rushed off their feet".

We attended a handover meeting from the nightshift and felt that the information passed on to the day staff was thorough. We also observed on the ground floor that staff consulted with each other as to how the day would progress with the staff on duty.

Currently there are frequent levels of sick leave and use of agency staff that impacts at times on the care delivery. In discussion with the permanent staff, at times they felt under pressure when there was inconsistency of agency staff being provided as this meant continually sharing information about the needs of residents. Staff should be utilised more effectively over the two floors to ensure that there is not agency and new staff working together without the support of permanent staff. This also ensures consistency of care for residents.

Induction records for new staff were not consistently completed or signed for all staff, and it was unclear what parts of the induction still had to be completed. This meant new staff were not supported as well as they should be. We were not able to see dementia training records for all staff relating to the Promoting Excellence framework or equivalent. We were advised that some staff who had previously undertaken the training had left but it was unclear to us which staff members still required this training.

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for four people who were unable to tell us their views. We saw that some staff supported people at a relaxed pace suitable for the person's abilities. Other staff treated people in a patronising way as if they were a small child. Some staff failed to show respect and lacked a genuine level of acceptance of the person, and a caring manner in their interactions with people. This was reported to the manager and we are satisfied that this is being appropriately addressed.

We observed on the upper floor in particular, that staff did not always wear protective aprons. This is vital to prevent the spread of any infection. We further identified there was a lack of knowledge around the management of diet controlled diabetes. Staff should also be provided with the knowledge, time and training to ensure residents can participate in meaningful activity and that their role should support that of the activities staff.

It was pleasing to hear that staff had attended a number of adult and support training sessions and we heard this was of benefit to the staff and had increased their knowledge and informed their practice in terms of reporting responsibilities. We discussed however that staff must attend a variety of training we have identified in order for the care delivery to improve, and in particular, staff who support residents on the upper floor.

Requirements

Number of requirements: 1

1. Staff must undertake relevant training so that they can support residents more effectively, in particular, those residents living with dementia. In order for this to be progressed the management team should also undertake the following without delay:

(a) A training analysis must be undertaken for all staff to identify who needs to attend dementia training in line with the Promoting Excellence framework and priority should be given to staff working with residents on the upper floor;

(b) Additional training should be sourced and provided to ensure staff are knowledgeable with regard to the monitoring of nutritional intake for residents, how this should be recorded and this should include information relating to diet controlled diabetes;

(c) Additional training should be sourced and provided to ensure all staff are aware of the importance of infection control and cleanliness of the environment;

(d) Training should be sourced and provided for all staff with regard to the importance of engaging and communicating with residents. This should include the support of meaningful activity for residents and how this can be achieved.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210: Regulation (15)(b)(i) Staffing - ensure that persons employed in the provision of the care service receiving training appropriate to the work they are to perform.

Timescale: To be evidenced to the Care Inspectorate no later than 31 December 2017

Recommendations

Number of recommendations: 1

1. The induction for new staff needs to be undertaken in full for all staff and signed by management when areas have been completed. Staff should have regular meetings with management to review their induction and any identified support to be acted upon.

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

We acknowledge that there have been a considerable number of changes to the management and staffing structure over the last year at Wallace View. It has been difficult to implement improvement work due to the lack of consistent leadership which has also impacted on staff morale. We also acknowledge that the current management team have been working closely with the Local Authority in terms of developing the service action and improvement plan that includes more robust Adult Support and Protection procedures. This has also impacted on the development of the quality assurance work that needs to be undertaken. Supervision for staff has also not been carried out as regularly as it should be.

We could see that some progress had been made with regard to the recording of complaints raised and associated action that had been carried out. We saw that audits were in place for various aspects of the home. We discussed with the service that some of the audits needed to be more robust. For example, we could see from records held for nutrition listed resident's weights and BMI, but we did not see any actions identified to be carried out for people who had specific weight loss. There were also gaps in recording for people who did not want to be weighed.

We noted that the service were reporting all accidents and incidents to the Care Inspectorate. However, we discussed with the manager that we were not able to see in some instances, what action had been carried out after an accident or incident had occurred. The management team have agreed to improve on this.

We spoke with a staff member who had a leadership role within the home and supported colleagues with training and updates in relation to moving and handling. We also heard that other staff had undertaken training in relation to dementia and it is anticipated that this will be rolled out to staff. We will follow up on the progression of this.

We discussed in depth with the management team the benefits of staff observation of their everyday practice. This would ensure any gaps in training and development would be identified. In addition to this, supervision sessions would be beneficial for all staff to discuss the development of their roles and training that should be undertaken in order to carry out their duties.

Further discussion around the whistleblowing policy and the importance of this would be beneficial so that staff are aware of the importance of this. Staff should be encouraged to reflect on their own and others everyday practice and report anything that has a negative outcome for residents. Consequences of unacceptable practice should be clearly explained to staff.

Requirements

Number of requirements: 1

1. Quality Assurance audits must be more robust. It should be clearly recorded what action has been taken on any discrepancies or defects with a clear timescale for these. In particular, improvements should be made in the following areas:

- (a) Infection control measures in place - these should include protective wear for staff with spot checks being undertaken, control of temperatures in the building and cleaning records that evidence steam cleaning
- (b) Environment - these should include more robust maintenance checks and action taken, in particular nurse call systems, cleanliness of décor and equipment and odours within the home;

- (c) Weight recording audits should also include action to be taken when weight loss becomes concerning and have alternative monitoring in place for those residents who do not want to be weighed;
- (d) Accident and Incidents should clearly indicate follow up action that has taken and make reference to any risk assessments that have been updated;
- (e) Observations of staff practice to be in place for all areas of care delivery and how any improvements identified are progressed
- (f) Produce an overall development and improvement plan for the service based on the audit findings and this should also include the views of residents and relatives

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 regulation (4) (a), welfare of users.

Timescale: To be in place by 31 March 2018

Recommendations

Number of recommendations: 1

1. The management team should offer supervision sessions to all staff in line with their current policy.

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

Grade: 2 - weak

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 all residents receive the right care and support in relation to nutrition. In order to so this, they must demonstrate that:

- managers and staff are knowledgeable and competent in their role
- the right assessment, care planning and delivery of care is carried out for all residents who are at risk of malnourishment and weight loss and that this is appropriately reviewed
- the approach to record keeping is improved to ensure that a clear, complete, up to date and accurate record of all care and outcomes is in place
- there is an effective, accountable and robust way of monitoring and auditing staff competency, staff practice and outcomes for people at risk.

This is in order to comply with: SSI 2002/2014 regulation 4(1) (a) - requirement for the health and welfare of service users.

Timescale - To start immediately and be completed by four weeks from receipt of this report.

This requirement was made on 22 January 2016.

Action taken on previous requirement

We noted in records we looked at some residents did not want to be weighed on a regular basis. However, we did not see in care plans how the nutritional intake of these residents was being monitored or recorded. People we spoke with told us they were assisted with meals if they needed this, we also observed this during our inspection. We also saw input from the dietician in some care plans.

We have therefore decided not to repeat this requirement, but have highlighted the areas that still need to improve under care and support. We have also made reference to the quality assurance with regard to monitoring weight and the appropriate actions to be taken based on any concerns that are evident.

We will continue to visit the service to ensure that this is addressed as part of their action plan.

Not met

Requirement 2

The provider needs to review and improve the way in which people are supported to spend their day. This should include support to engage in purposeful activity which is meaningful to each person.

In order to do this, they must demonstrate that:

- the staff team are knowledgeable and competent in their role
- the right assessment, care planning and delivery of care is carried out for all residents and that this is appropriately reviewed
- the range of practical resources available within the home and access to external resources is enhanced
- there is an effective, accountable and robust way of monitoring and auditing staff competency, staff practice and outcomes for people.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), Regulations 4 (1) (a).

Timescale: Work to begin immediately on receipt of this report and to be completed within eight weeks of receipt of this report.

This requirement was made on 22 January 2016.

Action taken on previous requirement

One part time co-ordinator was in post at the time of our visit, and we were advised that an additional staff member would be starting after all recruitment procedures were finalised. It was acknowledged there was a lack of social activity both within and outwith the home due to lack of availability from the existing staff team.

We will not repeat the requirement previously made, but we have made reference to this under care and support, staffing, and management and leadership themes.

We will be visiting the service over the remainder of this year to look at the progression of this.

Not met

Requirement 3

The provider must carry out an analysis of individual staff training needs in line with their roles and responsibilities to make sure that outcomes for residents are improved.

A particular focus is needed on improving person centred planning and supporting people with dementia in line with Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers. There should be a clear effective process to evaluate the impact of training on staff practice and outcomes for people living in the home.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), Regulations 4 (1) (a)

Timescale: Work to begin immediately on receipt of this report and to be completed within eight weeks of receipt of this report.

This requirement was made on 22 January 2016.

Action taken on previous requirement

We were not able to see evidence of what training staff throughout the home had undertaken in line with the Promoting Excellence framework for dementia. We acknowledged that due to the turnover of staff, high use of agency staff and impact of management changes this had been slow to progress. We have however, discussed with the current management team that this piece of work must be completed as a matter of priority given the previous requirements made in this area. We were advised that it is planned that dementia training will be rolled out to staff in early October. We have addressed this area under the staffing section of this report.

Again, we will be visiting the service to monitor the progression of this over the remainder of this year.

Not met

Requirement 4

The provider must ensure that the service has robust quality assurance systems in place to ensure that it is providing an effective service for residents.

In order to achieve this, the provider must undertake the following:

- review and develop current monitoring systems across the home

- implement an overall development plan
- ensure that current auditing systems are being used effectively in order to drive up standards and improve service quality.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 regulation (4) (a), welfare of users.

Timescale - To start immediately and be completed by eight weeks from receipt of this report

This requirement was made on 22 January 2016.

Action taken on previous requirement

We found that some improvement had been made around some of the areas previously highlighted in the follow up report early this year. We saw that progress had been made relating to the recording of complaints including action taken to resolve issues. We also acknowledged that the reporting of incidents to the Care Inspectorate had improved and that we were receiving these without delay. We also met with a newly recruited staff member whose primary focus going forward was in relation to the environment, and in particular, to support people living with dementia.

We took into account that the outstanding work with quality assurance has been slow to progress, again as a result of the changes to the management team over the last year. We have therefore considered what we feel is a priority for the service to implement and we have made a requirement relating to quality assurance under the management and leadership theme. We will monitor the progression of this with the service for the remainder of the year.

Not met

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

Previous recommendations

Recommendation 1

The service should ensure that essential repairs or replacement items are promptly followed up to ensure a swift resolution and minimal disruption to the service and its residents.

National Care Standards Care Homes for Older People: Standard 4: Our Environment.

This recommendation was made on 5 January 2017.

Action taken on previous recommendation

We noted that there was now a full time maintenance staff member in place since the last inspection. We saw that some areas required attention, such as décor but we were able to see that the essential maintenance had been responded to. We have made reference to the general maintenance under the Environment section of this report.

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	
10 Mar 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
7 Nov 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
23 Feb 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
13 Oct 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
28 Sep 2015	Re-grade	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	2 - Weak

Date	Type	Gradings	
18 Mar 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good
25 Nov 2014	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
22 Jul 2014	Unannounced	Care and support	1 - Unsatisfactory
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	2 - Weak

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