

## Pitmurchie House Care Home Service

Torphins  
Banchory  
AB31 4JL

Telephone: 01339 882218

Type of inspection: Unannounced  
Inspection completed on: 2 November 2017

**Service provided by:**  
Pitmurchie Care Home Limited

**Service provider number:**  
SP2012011765

**Care service number:**  
CS2012306105

## About the service

Pitmurchie House is a large Victorian country house connected to a more modern extension. It is set in large peaceful grounds with panoramic views over the surrounding countryside. It is situated near to the villages of Torphins and Kincardine O'Neil in rural Aberdeenshire. The accommodation comprises of communal sitting rooms and a dining room. Most of the single bedrooms had en-suite facilities. There was a number of communal bathrooms and toilets for those rooms without en-suite facilities.

The service's written statement of aims states; "Pitmurchie House aims to provide service users with a secure, relaxed and homely environment in which their independence, wellbeing and comfort is of prime importance".

The service was registered to provide a service to a maximum of 32 older people; this includes two named adults under 65. In addition, two self-contained flats could be used for up to four older people or adults with physical disabilities who wish to maintain more independence. Each flat can only be shared by two people who have specifically requested this.

There were 32 people resident in the home at the time of this inspection.

## What people told us

During the inspection we spoke with eight residents and six relatives. We did not send out Care Inspectorate questionnaires prior to this inspection. Most of the residents and relatives who we spoke with told us that they were generally satisfied with the service.

Many of the residents and relatives who we spoke with told us that they thought the staff were very good. A significant number told us, however, that they felt there were frequent times when there were insufficient numbers of staff to be able to respond promptly to the needs of residents and to be able to provide care and support in a way which met their expectations.

Some residents told us that they enjoyed the food. Others felt there was a need to ensure that the menu contained choices which more closely reflected the preferences of the people currently living at Pitmurchie.

One respite service user told us that, as no pre-admission assessment had been completed by the home, the service did not have a detailed and up-to-date understanding of their care and support needs and as such they experienced significant shortcomings in the quality of their experience.

We joined residents for the evening meal in the main dining room on the first day of the inspection and observed warm and caring interactions between staff and residents.

## Self assessment

The service had not been asked to complete a self assessment in advance of this inspection. We looked at the provider's improvement plan and quality assurance documentation.

## From this inspection we graded this service as:

**Quality of care and support**

3 - Adequate

Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

Many of the residents and relatives who we spoke with told us that they were very happy with the care and support provided and generally with how the service was being operated. We received some very positive feedback about the current staff team. However, some of the service users and relatives told us that they felt that improvements were needed.

#### Pre-admission Assessments.

We found that pre-admission assessments were not being routinely completed for service users being admitted to the home either on a permanent or respite basis. This resulted in changes to service users' needs and the finer detail of their needs, preferences and routines not always being adequately communicated to nursing and care staff. Staff told us that they often felt ill-prepared for service users' admissions and would have benefited from more information prior to admission. For example, one respite service user told us that their communication needs had recently changed and this had not been taken into account in deciding which bedroom would be appropriate for them. They told us that some staff appeared to lack an understanding of their condition, how this impacted on their ability to communicate and the support they required to be able to communicate and carry out basic self-care tasks such moving about and remaining hydrated.

#### Care and Support.

We observed that in general residents had been well supported with their basic personal care needs and were well presented for the day. During the evening meal on the first day of the inspection we observed warm and attentive interactions between staff and residents. One relative told us that they were pleased that there had been recent improvements in the consistency of standards of personal care received by their relative.

We found that due to the number of changes to staff and management over the previous months there was a risk that continuity of care and support could be compromised. For example information about the need to follow-up about a referral to the dietician for one service user appears to have not been passed on. The provider needs to ensure that arrangements for reviewing the care plans for areas of high risk are effective at identifying any further actions which are needed.

One resident with dementia who was making frequent attempts to leave the building, did not have in place a risk assessment or necessary documentation to support the use of locked doors as a form of restraint. Whilst this resident appeared to be distressed at being unable to leave the premises, their personal plan and incident records showed no indication of the strategies which would be tried by staff to make them feel more relaxed and reassured. **(See requirement 1.)**

#### Care Reviews.

At the previous inspection we found that more effective arrangements had been implemented to ensure that all service users received a review of their care at least every six months. Since the previous inspection the six

monthly review scheduling tool had not been kept up-to-date which meant there was a risk that reviews would not be arranged within the required frequency. The management team have agreed to update the scheduling tool as a priority to ensure this does not happen. The management team should also ensure that the minutes of reviews more clearly demonstrate how the views of residents and their representatives have been taken into account and how any agreed actions will be followed up.

## Management of Medicines.

The senior management team had recently identified some concerns in relation to the safe administration and storage of medicines. These concerns related to; the ordering process and systems, the lack of individual protocols for the administration of insulin, the appropriate use of 'as required' sedative medication and arrangements to ensure each service user received their medication at the right time. We found there was potential for medication errors to occur and for service users to not receive their medication as prescribed. The senior management team advised that they intended to undertake a full review of medicines management in the home. (See also Management and Leadership theme). We will follow-up progress on this at the next inspection. The provider should also speak to GP practices about organising periodic reviews of service users' medications.

## Food

Some of the staff and residents who we spoke with told us that the quality of food could be variable and did not always meet the dietary needs and preferences of the people who live at Pitmurchie. Some service users told us that they enjoyed the food. The management of the service told us that they intended to review the menu to ensure that it reflects the needs and preferences of current service users.

## Meaningful Activity.

We received good feedback about the positive contribution which was made by the activities coordinator to support residents to remain active and to spend their time meaningfully. This included some good one to one work with residents who could not take part in group activities. However, there was only limited evidence of residents being supported to spend their time meaningfully beyond what was provided by the activities coordinator. **(See recommendation 1.)**

## Requirements

### Number of requirements: 1

1. The provider must ensure that all residents have in place a suitable personal plan which supports their health and wellbeing needs being met. In order to achieve this the provider must ensure all residents' personal plans:

- contain sufficient, up-to-date and clear detail of their needs, preferences and routines and the plans to meet these
- contain details of any legal powers in respect of them, such as incapacity certificates or powers of attorney
- contain clear documentation which supports the justification and consent for any use of restraint
- contain assessments and care plans which are informed by up-to-date best practice

- clearly document the non-pharmacological approaches which are to be used prior to the use of 'as required' mental state altering medications for distress and agitation
- are regularly and promptly reviewed and amended in accordance with any changes in their needs
- have been written taking account of residents and their representatives views and experiences
- are working documents which are actively used by staff to promote and inform consistent practice and to effectively evaluate the care and support provided.

**This is in order to comply with:**

**SSI 2011/210 Regulations 4(1)(a), 5(1) and 5(2)(iii)**

**Timescale: A significant improvement must be evident by 02 February 2018.**

## Recommendations

**Number of recommendations: 1**

1. The provider should review and further develop the supports for residents to spend their time meaningfully. In doing so, account should be taken of the best practice guidance documents; 'Make Every Moment Count' and 'Make Every Movement Count'.

**Reference: National Care Standards Care Homes for Older People - Standard 6: Support arrangements.**

**Grade: 3** - adequate

## Quality of environment

### Findings from the inspection

#### Safe Environment

During this unannounced inspection we found that the general standards of cleanliness had improved. However, a programme of deep cleaning throughout the home had not yet been undertaken. The provider advised that a cleaning firm was to be employed to carry out this work as the domestic team had struggled to fit this into their normal schedule due to on-going staff shortages.

We found that, since the previous inspection, health and safety checks of residents' bedrooms had not been routinely taking place. As a consequence a significant number of environmental risks had not been identified or remedied. For example we found; faulty light fittings, light bulbs which needed to be replaced, some rooms had free-standing radiators which posed a tripping and scalding risk for residents, potentially unsafe electrical extension leads in two bedrooms, several electrical appliances had no evidence of Portable Appliance Testing having been carried out, and a number of repairs which had been reported had not been carried out. By the end of the inspection electricians had attended the home and had replaced light bulbs and faulty light fittings and a health and safety assessment of all areas of the home had been completed. A new maintenance

man was due to be inducted the week following the end of this inspection. This induction was to include familiarisation with the provider's schedule of routine health and safety checks.

Staff told us that they had had no easy access to a bed call-mat for a resident who was at risk of falling and who subsequently went on to sustain a fracture. There had been access to a floor call-mat but this had proved to be ineffective. At the time of the inspection the home had obtained a supply of bed call-mats so these could be installed at short notice. The provider needs to ensure that effective arrangements are in place so that all necessary equipment required to keep residents safe is easily accessible.

We found that two bedrooms had no means of ventilation as they had no opening windows or extractors fans. A further two bedrooms with no opening windows did have extractors fans, however, both of these were dirty and one was excessively noisy.

The provider must ensure that effective arrangements to maintain a safe environment are consistently maintained. **(See requirement 1.)**

## **Programme of redecoration.**

Up until the previous inspection the provider had been making steady progress with the programme of internal and external redecoration and painting. However, this appeared to have stalled over the months preceding this inspection. Some areas of the home were still significantly overdue for redecoration and painting including two bedrooms in particular and the external fire-escapes which, due to extensive rusting, were unsightly from a number of bedrooms which looked directly onto them. The provider told us they intended to make progress to complete the refurbishment of the home and would prioritise these areas.

## **Shared Rooms**

It came to our attention that for a period of time a bedroom, which did not meet the minimum space standards for shared rooms, had been shared by a married couple. The provider should ensure that all rooms used for couples who have requested a shared room meet the minimum space standards and furthermore, account is taken of their individual needs including the type of assistance with mobility which they require.

## **Requirements**

### **Number of requirements: 1**

1. The service provider must ensure that effective arrangements are in place to maintain a safe environment and to ensure that service users' health and wellbeing is not placed at unnecessary risk. In order to achieve this the service provider must ensure that:

- regular audits of the environment are undertaken which are effective at identify areas of risk
- effective action plans are implemented to ensure that identified areas for improvement are promptly remedied.

**This is in order to comply with:**

**SSI 2011/210 Regulations 3, 4(1)(a) and 10(2)**

**Timescale. By 02 December 2017.**

## Recommendations

Number of recommendations: 0

Grade: 3 – adequate

## Quality of staffing

### Findings from the inspection

#### Staffing Retention.

Since the previous inspection a significant number of new carers had been recruited. The feedback which we received about staff from residents and relatives was very positive. There had continued, however, to be a significant turn-over of staff, particularly amongst nursing staff. A high percentage of nursing hours continued to be covered by agency staff. A significant number of staff expressed dissatisfaction with their working conditions, particularly in relation to workloads, which they told us made them frequently feel overstretched. The provider needs to urgently engage with staff to ensure that valued staff feel positive about working at Pitmurchie and are motivated to offer a long-term commitment to the home. **(See requirement 1.)**

#### Staff Training and Development.

Records of staff inductions and discussions with recently recruited staff indicated that there was a need to more thoroughly and meaningfully implement the provider's induction and to ensure that new staff feel confident about their roles prior to taking on full responsibilities.

We found that, whilst most staff had completed moving and handling training, a recent incident indicated that there was a need to put in place more effective arrangements for monitoring and supporting staff practice to ensure that staff understood how to competently and confidently put their training into practice.

Some recent face to face training had been delivered by the service's training provider and this had made some improvement to the levels of compliance for the core training subjects. However, at the time of this inspection there remained significant gaps in the core training. A further three days of face to face training had been arranged for November 2017 and we were advised that this would target those gaps in core training including; moving and handling competency assessments and infection control to ensure that all staff understand the specific arrangements at Pitmurchie, particularly for hand-washing. (Discussions with staff indicated that there was inconsistent understanding about some of the specific detail of the hand-washing procedures at Pitmurchie).

Most staff who were working in the home in early 2017 had received an annual appraisal and a one to supervision session in the early part of the year. There was very limited evidence of staff receiving either an appraisal or supervision in the period since then. The provider needs to get these arrangements up and running again to ensure that staff professional development is appropriately supported. **(See requirement 2.)**

#### Staffing levels

Most of the staff, residents and relatives who we spoke with told us that there were frequently occasions when it felt like there were insufficient staff on duty. We were told that this was particularly so at certain times such as at the weekends, when there was no activities coordinator to assist with breakfasts, or if a member of staff

called in sick at short notice. Some residents told us that they often had to wait a long time to get the care and support they required and that staff did not always have time to provide this in a manner which met their needs.

Whilst the service appeared to generally be working to minimum staff levels, there is a need to undertake a formal assessment of the staffing requirements of the home which takes account of the dependency levels of all the residents in the home at any given time and any other factors which impact on staff time such as the layout of the building and staff training and development needs. The provider also needs to assess whether the staffing levels at night are suitable to enable safe evacuation of residents in the event of an emergency. The provider should consider each resident's mobility needs when deciding which zone of the home they are to be located in, to ensure that no zone has more residents than can safely be evacuated from that zone within a reasonable timescale. **(See requirement 3.)**

We looked at a small sample of staff recruitment records which indicated that safer recruitment practices continued to be rigorously implemented.

## Checks of Professional Registers.

There was no documentary evidence to demonstrate that routine checks of the Scottish Social Services (SSSC) and Nursing and Midwifery Council (NMC) register had been carried out to ensure that all staff who required to be registered had achieved and maintained their registration. The provider needs to track the progress of all new staff's registration applications with the SSSC to ensure that registration has been achieved within six months from commencing employment. Staff who have not achieved registration within the six month period will not be able to continue to work within a post which requires registration. **(See Management and Leadership theme).**

## Requirements

### Number of requirements: 3

1. In order to ensure that service users receive care and support from a consistent and stable staff team who have a good understanding of their needs and how these should be met, the provider needs to implement an effective staff recruitment and retention strategy. This should include:

- reducing staff turnover to within normal levels
- reducing the use of agency staff to exceptional circumstances only
- ensuring that suitable people are attracted to work in the service who are supported to maintain a longer term commitment to the service.

**This is in order to comply with:**

**SSI 2011/210 Regulations 3, 4(1)(a) and 15**

**Timescale: A significant improvement must be evident by 02 February 2018.**

2. The provider must put in place effective arrangements to ensure that all staff maintain appropriate skills and knowledge and to support staff's continuous professional development. In order to achieve this the provider must:

- maintain an accurate and up-to-date overview of the training completed



- develop and implement systematic arrangements for assessing the competency of staff who work on all shifts including structured observed practices
- develop individual training and development plans which identify gaps and priorities for training for each member of staff
- develop an effective plan to deliver core training to all staff within appropriate timescales
- ensure that staff complete training in the most critical topics without delay including face to face training in; moving and assisting, medication administration and Adult Support and Protection
- ensure all staff receive regular formal supervision and annual appraisals and that these are used pro-actively to address any performance concerns and to support staff development.

**This is in order to comply with:**

**SSI 2011/210 Regulations 4(1)(a), 4(1)(b), 7 (2)(c), 9(2)(b) and 15(b)(i)**

**Timescale: A significant improvement must be evident by 02 February 2018.**

3. In order to ensure that adequate numbers of staff are available at all times to meet the care and support needs of residents, the provider must:

- keep individual records of assessments of residents' physical, social, psychological and recreational needs and choices
- record this in each care plan as this will inform the direct care hours for the individual
- keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs
- take account of the views, experiences and preferences of residents in determining whether staffing levels and the staff gender mix are adequate at all times of the day
- ensure that each shift is planned effectively so that any activities which take staff away from the direct provision of care and support do not adversely impact on the experiences of residents
- ensure the overall assessment of staffing levels and deployment is available to any residents, relatives and other interested parties.

**This is in order to comply with:**

**SSI 2011/210 Regulation 4(1)(a) and Regulation 15**

**Timescale: By 15 December 2017.**

## Recommendations

Number of recommendations: 0

Grade: 3 – adequate

## Quality of management and leadership

### Findings from the inspection

During this inspection we found that there were some significant omissions in the completion of key management tasks. This included a serious adult protection allegation which was not promptly:

- notified to the Care Inspectorate
- reported to relevant bodies including the local authority and Police
- passed onto or reported to the provider's senior management.

**(See requirement 1.)**

### Quality Assurance

We found that since the previous inspection in June 2017 the provider's schedule of in-house quality audits had not been fully completed. Audits had been completed by senior management during this time and these had been effective in identifying areas where improvements were needed. For example a comprehensive medication management and administration audit carried out by the regional operations manager in July 2017 identified a number of areas for improvement. This was followed up by the provider's quality manager during the course of this inspection (November 2017). The provider needs to ensure that the auditing system is effective in ensuring that identified improvements within the service are being addressed within a reasonable timescale. This includes the daily, weekly and monthly actions required by the service's management team to ensure the service is effectively managed.

A service user was not identified through the audit as being high risk of malnutrition as they did not meet the criteria of 'recent weight loss'. As a result the normal scrutiny of their care plan for addressing the risk of malnutrition had not been looked at during the audit. The provider should ensure that the audits effectively identify the areas which are high risk for each service user and that the plans for these areas are closely monitored.

### Reviewing of accident and Incident Forms

A number of accident and incident forms contained no date when they had been reviewed or contained dates which indicated that there had been a failure to review them promptly. This meant that further actions needed to reduce future risks did not appear to be implemented promptly with the potential to place residents at unnecessary risk. The provider needs to ensure that there are at all times effective arrangements in place to promptly review accident and incident reports. **(See requirement 2.)**

## Requirements

### Number of requirements: 2

1. In order to ensure that the welfare of service users is protected, the provider must ensure that effective arrangements are in place to respond to any concerns or allegations of abuse, neglect or serious poor practice or performance. This shall include:

- making initial enquiries and, where appropriate, completing and recording a thorough investigation into any allegations
- notifying relevant matters to the Care Inspectorate in accordance with current guidance including within specified timescales
- reporting relevant matters to other agencies including the local authority and professional bodies
- demonstrating an open and collaborative approach to sharing relevant information with appropriate agencies in order to promote the safety and best outcomes for people who use care services
- ensuring that all members of the management team have a clear understanding of the matters which require to be; investigated, reported to other agencies and the required timescales for reporting.

**This is in order to comply with:**

**SSI 2011/210 Regulations 3 and 4(1)(a)**

**Timescale. A significant improvement must be evident by 02 December 2017.**

2. In order to ensure that the service is being effectively managed at all times and that minimum standards are being maintained and continuous improvements are being supported, the service provider must implement effective governance arrangements. This shall include:

- effective arrangements to promptly review accident and incident reports and to ensure that any identified follow-up actions are promptly implemented
- full completion of the provider's schedule of in-house quality assurance audits including regular medication audits
- regular checks of professional registers (NMC and SSSC) in accordance with the provider's policy
- robust reporting arrangements and continued regular scrutiny by the provider's senior management and quality team.

**This is in order to comply with:**

**SSI 2011/210 Regulations 3, 4(1)(a), 4(1)(b) and 7(2)(b)**

**Timescale. A significant improvement must be evident by 02 December 2017.**

## Recommendations

Number of recommendations: 0

Grade: 3 – adequate

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

## Previous requirements

### Requirement 1

In order to ensure that service users receive care and support from a consistent and stable staff team who have a good understanding of their needs and how these should be met, the provider needs to implement an effective staff recruitment and retention strategy. This should include:

- reducing staff turnover to within normal levels
- reducing the use of agency staff to exceptional circumstances only
- ensuring that suitable people are attracted to work in the service who are supported to maintain a longer term commitment to the service.

**This is in order to comply with:**

**SSI 2011/210 Regulations 3, 4(1)(a) and 15**

**Timescale: A significant improvement must be evident by 30 September 2017.**

**This requirement was made on 14 June 2017.**

### Action taken on previous requirement

We found that the provider had made some progress in relation to the recruitment of care staff but little progress in relation to the recruitment of a more stable nursing team. This requirement will therefore be continued with a new timescale.

**Not met**

### Requirement 2

The provider must put in place effective arrangements to ensure that all staff maintain appropriate skills and knowledge and to support staffs' continuous professional development. In order to achieve this the provider must:

- maintain an accurate and up-to-date overview of the training completed
- develop and implement systematic arrangements for assessing the competency of staff who work on all shifts including structured observed practices

- develop individual training and development plans which identify gaps and priorities for training for each member of staff
- develop an effective plan to deliver core training to all staff within appropriate timescales
- ensure that staff complete training in the most critical topics without delay including face to face training in; moving and assisting, medication administration and Adult Support and Protection
- ensure all staff receive regular formal supervision and annual appraisals and that these are used pro-actively to address any performance concerns and to support staff development.

**This is in order to comply with:**

**SSI 2011/210 Regulations 4(1)(a), 4(1)(b), 7 (2)(c), 9(2)(b) and 15(b)(i)**

**Timescale: A significant improvement must be evident by 31 October 2017.**

**This requirement was made on 14 June 2017.**

### Action taken on previous requirement

We found that the provider had made insufficient progress in relation to this areas for improvement. This requirement has therefore been continued with a new timescale.

**Not met**

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

### Previous recommendations

#### Recommendation 1

The provider should review and further develop the supports for residents to spend their time meaningfully. In doing so, account should be taken of the best practice guidance documents; 'Make Every Moment Count' and 'Make Every Movement Count'.

Reference: National Care Standards. Care Homes for Older People - Standard 6: Support arrangements.

**This recommendation was made on 14 June 2017.**

### Action taken on previous recommendation

We found that the provider had made insufficient progress in relation to this area for improvement. This recommendation will therefore be continued.

## 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	
14 Jun 2017	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
3 Mar 2017	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	3 - Adequate
19 Nov 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
30 Jun 2015	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
7 Nov 2014	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good

Date	Type	Gradings	
13 Jun 2014	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
14 Jan 2014	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
9 May 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
28 Feb 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
8 Nov 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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