

Eskgreen **Care Home Service**

10 Shorthope Street
Musselburgh
EH21 7DB

Telephone: 0131 665 8281

Type of inspection: Unannounced
Inspection completed on: 23 April 2018

Service provided by:
East Lothian Council

Service provider number:
SP2003002600

Care service number:
CS2003011079

About the service

Originally a 44 bedded care home the occupancy was reduced through a variation to the registration in October 2015. Eskgreen has capacity to care for up to 30 residents, 3 of which may be people receiving respite care. However, since the most recent inspection respite admissions have been suspended for at least 4 weeks when this will be reviewed.

The home is owned and managed by East Lothian Health and Social Care Partnership. It is a large three storey building with lift access to all floors. There are enclosed gardens at the back of the building. Some areas of the building have views over the town of Musselburgh and the river. It is close to the town centre amenities and is easy to get to by public transport.

The staff team is composed of a manager, assistant manager, senior social care staff and social care staff. Cleaning and catering arrangements are currently managed by Facilities Management from East Lothian Council.

The Aims and Objectives of the service state that:

"Each client will be treated as an individual and will receive the highest standard of care and support whilst living in Eskgreen. To help people get the best out of life and provide a safe and supportive environment where they can live as independently as possible. To help people to lead a full, active, safe, secure and happy life in pleasant surroundings."

What people told us

In pre inspection questionnaires returned by residents(3 of 25 sent) and relatives, (10 of 25 sent) all indicated that they were very satisfied or satisfied with the overall quality of care provided in Eskgreen. Residents liked the staff and enjoyed "the banter" but also were concerned at times due to having to wait for assistance from staff as they were busy elsewhere or there were not enough staff on duty. A relative also commented on the staffing "wonderful care but that staff were under extreme pressure due to lack of staff ." Whilst another noted " excellent all round, relative really likes Eskgreen and the staff and is happy there"

Residents also told us that staff were good but there was little for them (residents) to do.

In one pre inspection questionnaire a resident noted that they were not always treated politely by staff, (this was also reflected in two questionnaires returned by staff), they were not asked their views on and they did not consider the home to be clean, hygienic and free from smells. There was no name given to follow this up with the resident.

We shared this and other comments by residents and relatives at the feedback on the outcomes of the inspection.

Self assessment

We did not request a self assessment to be submitted prior to this inspection. However, the service should put in place a development plan to show how they will assess, implement and evaluate any improvements necessary.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	3 - Adequate
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

Residents generally looked well cared for in their personal hygiene and clothing and were wearing aids such as glasses and hearing aids. This may help residents to have a feeling of wellbeing, promote their personal dignity and their choices in how their care is provided.

Whilst residents and relatives/ carers spoke highly of the care provided we could not be sure that residents' personal care and hygiene needs were always met as baths were reported to have been out of order for some weeks and there had been additional problems with the hot water supply.

Also we could not be sure that residents had always received their medicines as prescribed due to omissions in recording the administration of medicines including lotions and creams. Deficits in these areas of care could have a detrimental effect on the health and well being of residents and need to be improved.

A health care professional told us that the service was responsive in reporting any residents' health needs and in responding to advice given, we saw some of this information in care plans.

Although we saw that care plans examined had been updated at least once in a 6 month period we also saw that the content of care plans needed to be improved. For example, three recommendations made at the last inspection relating to completion and evaluation of fluid balance charts, recording and reviewing risk assessments and care plans as a result of a fall and maintaining a record about residents' legal status had not been fully implemented. These shortfalls have the potential to put residents at risk if staff practice is not based on up to date information. We have repeated the previous recommendations. See recommendations 1, 2 and 3.

Regular assessment of residents needs contributed to the staffing provision in the home but these assessments were not always accurate and residents, relatives and staff reported that there was not always enough staff on duty at any time to meet residents assessed needs. (Also see quality of staffing).

The Short Observation Framework for Inspection (SOFI) observation at lunchtime indicated that all staff assistance given to residents was done in a kindly manner but was task driven. There was not enough staff to give one to one support to residents who needed help to take their meal without interruption. In addition, the

very noisy environment with the dishwasher on and the clattering of crockery did not promote a positive dining experience.

In the absence of the activity coordinator there was only a volunteer available on one day to offer activities or interactions with residents. Frequently residents were sitting sleeping in their chairs possibly due to lack of stimulation.

The omissions in care planning, provision of personal care, management of medicines, inaccurate assessment of residents needs, staff shortages, poor dining experience and lack of stimulation, have the potential to put residents at risk and give cause for concern. Therefore we have graded the quality of care as 2 - Weak.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The service provider should ensure that the content of fluid charts are improved and evaluated to inform the care to be provided. This should include:

- A daily target amount and total recorded over 24 hrs.
- Guidance to staff where the expected total intake does not meet the target amount.
- Recording any changes to care plans as a result of evaluation of these charts.

This is in order to meet The National Care Standards, Care homes for older people Standard 6 - Support arrangements and Standard 13 - Eating well.

2. The service provider should ensure that care plans and risk assessment are reviewed and updated following a resident having a fall.

This is in order to meet The National Care Standards, Care homes for older people Standard 6 - Support arrangements, Standard 9 - Feeling safe and secure and Standard 14 - Keeping well - healthcare.

3. The service provider should ensure that records about residents' legal status in respect of 'Adult with Incapacity' legislation are available to staff in charge of the home.

This is in order to meet The National Care Standards, Care homes for older people Standard 6 - Support arrangements, Standard 9 - Feeling safe and secure and Standard 14 - Keeping well - healthcare.

Grade: 2 - weak

Quality of environment

Findings from the inspection

Residents told us that they were comfortable in the home and they liked to have their own bedroom which they had made personal as they preferred. However, the layout of some rooms means that these cannot be occupied by residents who need to use specialist equipment such as a hoist.

Housekeeping staff confirmed that they had enough cleaning materials to clean the home. However, wear and tear to paintwork and the general old and tired building detracted from the overall comfort and cleanliness of the environment and promotion of a homely environment.

Systems were in place to record the safety checks of appliances and installations including specialist equipment under Lifting Operations and Lifting Equipment Regulations 1998. (LOLER). These checks were up to date.

Whilst accident and incidents were recorded the outcomes of these were not always fully completed. In many instances we could not see if the manager had an overview of these events. Records were not consistently signed off to confirm appropriate actions had been taken at the time of the event and where necessary preventable measure considered and, or, put in place.

At the last inspection we made a requirement that the provider must ensure that appropriate notifications were made to the Care Inspectorate. This had not been met. We have carried forward this requirement. See requirement 1.

During the inspection we were made aware of several instances of equipment breakdown in the service which meant that resident care and safety could have been compromised. This included an electrical power cut, baths which could not be used and a fault with the lift. These events had not been reported to us therefore we were unaware of any measures taken to support and maintain the safety of residents and staff in the home. See requirement 1

Policies and procedures were in place to assist staff to promote and maintain a safe environment but staff training in some of these areas of care were out of date. For example, Adult Protection and management of dementia. This has the potential to put residents at risk of harm. (Also see quality of staffing).

Requirements

Number of requirements: 1

1. The service provider must ensure that appropriate notifications are provided to the Care Inspectorate in accordance with the guidance "Records that all registered care services (except childminding) must keep and guidance on notification reporting."

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

Timescale: This was required at the time of the inspection.

Recommendations

Number of recommendations: 0

Grade: 3 – adequate

Quality of staffing

Findings from the inspection

Residents and relatives were very complimentary about the care and support provided by staff. However, they and staff also told us that often there were not always enough staff on duty which meant residents had to wait for assistance.

Staff were able to answer our questions about resident care which indicated that they knew residents well. All spoke of wanting to give the best care they could but felt that the lack of staff meant that they had little time to sit and speak with residents as other tasks needed to be attended to. This confirmed our observations of a task orientated approach to care and lack of staff available at all times to meet residents care needs.

A sample of duty rotas indicated that the minimum staffing as outlined in the staffing schedule for the home had not been consistently met. The assessment of residents' dependency also indicated that there were times when not enough staff were available to meet residents needs.

This was further exacerbated as some of the dependency assessments were not accurate. (Also see quality of care.)

Whilst new mandatory training had recently been introduced we saw that staff training was not always up to date which had the potential to put residents at risk and compromise the quality of care provision.

In the records provided 17 of 34 care staff had not completed excellence in dementia training to the informed level and this did not include ancillary staff working in the service, such as the handyman, housekeeping and catering staff.

In addition 15 staff in the home had not met the conditions of their Registration with Scottish Social Service Council (SSSC) the registration body which oversees the practice of social work and social care staff. This was being progressed by the service provider with SSSC as a matter of priority.

The lack of training opportunities, refresher training and support from regular supervision meant that staff practice was not informed by up to date legislation or best practice guidance. This had the potential to put residents and staff at risk.

We have made a requirement about staff training and registration with SSSC. See requirement 1.

Requirements

Number of requirements: 1

1. The provider must ensure that the provision of staff training is improved and all staff undertake training required by legislation and training as identified as necessary by the service provider including Adult Protection

and excellence in dementia training to at least informed level. This is to give residents confidence that they are receiving care from a trained, competent and skilled staff team.

In order to do this the provider must by the 31 May 2018

a) review staff training records to identify any training out of date and put in place a plan to show when any out of date training will be provided.

the provider must by 30 June 2018

b) confirm to the Care Inspectorate that all staff training as identified in the review of staff training records has been undertaken.

c) in consultation with SSSC put in place a plan to provide staff with training to enable them to meet the requirements of their registration with SSSC.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.14 which states "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes".

The Health and Social Care Standard 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice"

It is also necessary to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Regulation 4(1)(a) and 4(2) - Welfare of users and 9 (2) (b) - a person who does not have the qualifications, skills and experience necessary for the work they are to perform.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

To assess this quality theme we took into account the views of residents, relatives and staff, our findings throughout this inspection, the implementation of requirements, a recommendation made at the last inspection and the outcomes of audits undertaken in the home.

Whilst we saw that some audits were in place these were not effective as they did not identify the deficits we noted at this inspection.

The previous requirement about medication management had not been fully met. Whilst we saw that recording the receipt of medicines and more use was made of the carers notes had improved there were instances of "as required" protocols not being in place, hand written prescriptions by staff and gaps in signing to confirm administration of medicines.

In addition we saw medication audits where the outcomes had not been fully followed up. Also there were examples of audits undertaken by the dispensing pharmacist which did not have an action plan from the service to show how any actions needed would be progressed. We have carried this requirement forward. See requirement 1.

The previous requirement about complying with the Conditions of Registration in the provision of staffing in the home had not been met. We saw examples where the staffing schedule had not been met and this information had not been notified to the Care Inspectorate. We have carried this requirement forward. See requirement 2.

In the pre inspection questionnaires returned by staff they gave differing views about the support they received in their work. Some said they did not receive regular supervision, were not asked their views on how the service could improve and some indicated that concerns they raised about staffing levels and respite admissions were not fully addressed by senior management.

The recommendation we made about consistently applying the checks and audits to improve aspects of the service had not been fully implemented and where in place were not effective.

This included:

- care planning and evaluations of associated records such as fluid charts
- completion of accident and incident reports
- staff training including practice and competency
- management of medicines.

We have carried this recommendation forward. See recommendation 1.

Requirements

Number of requirements: 2

1. The provider must implement and operate at all times, an up to date and accurate medication recording system. In order to do this the provider must ensure:

- a) "As required " protocols for the administration of " as required" medicines" are in place to guide staff in the administration of these and cross referenced where indicated to care plans.
- b) All handwritten entries on MAR charts are signed and dated and countersigned to confirm the accuracy of the prescription.
- c) Records are signed to confirm that each medicine has been administered including topical lotions and creams.

This is to comply with SSI 2011/210 Regulation 4 (1) Welfare of users and (Handling of Medicines in Social Care, Royal Pharmaceutical Society of Great Britain [RPSGB] 2007 and other documents for guidance can be found linked to the Care Commission website).

Timescale: this was required at the time of inspection.

2. The service provider must comply with the Conditions of Registration. In order to do this the provider must ensure;

- a) The staffing provision in the home is in accordance with, or, exceeds the staffing as outlined in the staffing schedule at all times.

- b) There is guidance for staff in the actions they should take where staff shortages have occurred, including reporting to senior management.
- c) The Care Inspectorate is notified when the service fails to meet the staffing schedule including any actions taken to provide appropriate staffing.

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) - Welfare of users and should also take account of The National Care Home Standards - care homes for older people Standard 5 - Management and staffing arrangements.

Timescale: This was required at the time of the inspection.

Timescale: this was required at the time of inspection.

Recommendations

Number of recommendations: 1

1. The quality assurance systems of checks and audits as a means to improve aspects of the service provided should be consistently applied. For example, where an action is identified there should be a clear record of the outcomes to monitor improvement or if further action is needed. This would assist to show that checks and audits resulted in sustained service improvements.

These should include but not be limited to:

- Care plans and reviews and associated records, for example charts.
- Accident and incident recording.
- Staff training including practice and assessment of competency.
- Management of medication.
- Safety of the environment.
- Infection control.
- Maintenance, equipment and health and safety checks.
- Cleanliness and housekeeping arrangements.

This is in order to meet The National Care Standards, Care homes for older people, Standard 4 - Your environment, Standard 5 - Management and staffing, Standard 6 - Support arrangements, Standard 9 - Feeling safe and secure and Standard 15 - Keeping well - medication.

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 service provider must ensure that appropriate notifications are provided to the Care Inspectorate in accordance with the guidance "Records that all registered care services (except childminding) must keep and guidance on notification reporting."

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) - Welfare of users and should also take account of The National Care Home Standards - care homes for older people Standard 5 - Management and staffing arrangements.

Timescale: This was required at the time of the inspection.

This requirement was made on 27 April 2017.

Action taken on previous requirement

In the record of accidents and incidents we saw several examples of events which should have been notified to the Care Inspectorate. We were also advised by staff of events in the home, for example equipment breakdown which had not been notified to the Care Inspectorate.

Not met

Requirement 2

The provider must implement and operate at all times, an up to date and accurate medication recording system. In order to do this the provider must ensure:

- a) "As required " protocols for the administration of " as required" medicines" are in place to guide staff in the administration of these and cross referenced where indicated to care plans.
- b) All handwritten entries on MAR charts are signed and dated and countersigned to confirm the accuracy of the prescription.
- c) Records are consistently maintained for receipt of medicines.
- d) Records are signed to confirm that each medicine has been administered including topical lotions and creams.
- e) More consistent use is made of the carers notes to explain omission of administration of medicines, changes to prescriptions and administration of "as required" medicines.

This is to comply with SSI 2011/210 Regulation 4 (1) Welfare of users and consideration should be given to the National care standards, care homes for older people, Standard 15 Keeping well - medication.

(Handling of Medicines in Social Care, Royal Pharmaceutical Society of Great Britain [RPSGB] 2007 and other documents for guidance can be found linked to the Care Commission website).

Timescale: this was required at the time of inspection.

This requirement was made on 27 April 2017.

Action taken on previous requirement

At this inspection we saw

- a) "As required "protocols for the administration of " as required" medicines" were not always in place where indicated.
- b) All handwritten entries on MAR charts were not signed and dated and countersigned to confirm the accuracy of the prescription.
- c) Records were consistently maintained for receipt of medicines.
- d) Records were not always signed to confirm that each medicine has been administered including topical lotions and creams.
- e) More consistent use was made of the carers notes to explain omission of administration of medicines, changes to prescriptions and administration of "as required" medicines.

Elements c) and e) had been implemented. Elements a) b) and d)had not been fully implemented. We have made a revised requirement about medication management under quality theme management and leadership..

Not met**Requirement 3**

The service provider must comply with the Conditions of Registration. In order to do this the provider must ensure;

- a) The staffing provision in the home is in accordance with, or, exceeds the staffing as outlined in the staffing schedule at all times.
- b) There is guidance for staff in the actions they should take where staff shortages have occurred, including reporting to senior management.
- c) The Care Inspectorate is notified when the service fails to meet the staffing schedule including any actions taken to provide appropriate staffing.

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) - Welfare of users, and Regulation 15 (a) and (b) (1) - Staffing and should also take account of The National Care Home Standards - care homes for older people Standard 4 Your environment, Standard 5 Management and staffing arrangements Standard 6 Support arrangements and Standard 9 Feeling safe and secure.

Timescale: this was required at the time of inspection.

This requirement was made on 27 April 2017.

Action taken on previous requirement

At this inspection we saw

- a) The staffing provision in the home was not always in accordance with, or, exceeded the staffing as outlined in the staffing schedule at all times.
- b) There was a policy to guide staff in the actions they should take where staff shortages occurred, including reporting to senior management. However, this was not consistently followed as a senior manager was not always aware of a staffing shortfall.
- c) The Care Inspectorate was not notified when the service failed to meet the staffing schedule including any actions taken to provide appropriate staffing.

We have made repeated this requirement. under quality theme management and leadership.

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 provider should ensure that the content of fluid charts are improved and evaluated to inform the care to be provided. This should include:

- A daily target amount and total recorded over 24 hrs.
- Guidance to staff where the expected total intake does not meet the target amount.
- Recording any changes to care plans as a result of evaluation of these charts.

This is in order to meet The National Care Standards, Care homes for older people Standard 6 - Support arrangements and Standard 13 - Eating well.

This recommendation was made on 27 April 2017.

Action taken on previous recommendation

In the sample of fluid charts we looked at we saw that:

- a daily target amount was not always recorded but the total intake was recorded
- there was no comprehensive guidance for staff if the total intake did not meet the target amount
- there was no information to show if any changes to care plans had taken place as a result of evaluation of these charts.

This recommendation was not implemented.

We have repeated this recommendation under quality of care.

Recommendation 2

The service provider should ensure that care plans and risk assessment are reviewed and updated following a resident having a fall.

This is in order to meet The National Care Standards, Care homes for older people Standard 6 - Support arrangements, Standard 9 - Feeling safe and secure and Standard 14 - Keeping well - healthcare.

This recommendation was made on 27 April 2017.

Action taken on previous recommendation

Where residents had had a fall it was not always consistently recorded in the accident record if consideration had been given to reviewing and updating the care plan and risk assessment.

This recommendation was not fully implemented.

We have repeated the recommendation under quality of care.

Recommendation 3

The service provider should ensure that records about residents' legal status in respect of 'Adult with Incapacity' legislation are available to staff in charge of the home.

This is in order to meet The National Care Standards, Care homes for older people Standard 6 - Support arrangements, Standard 9 - Feeling safe and secure and Standard 14 - Keeping well - healthcare.

This recommendation was made on 27 April 2017.

Action taken on previous recommendation

A register to record residents' legal status in respect of "Adults with Incapacity" legislation had recently been commenced but was not fully completed. This meant that up to date information was not available to staff in charge of the home.

This recommendation had not been fully implemented.

We have repeated this recommendation under quality of care.

Recommendation 4

The quality assurance systems of checks and audits as a means to improve aspects of the service provided should be consistently applied. For example, where an action is identified there should be a clear record of the outcomes to monitor improvement or if further action is needed. This would assist to show that checks and audits resulted in sustained service improvements.

These should include but not be limited to:

- Care plans and reviews and associated records, for example charts.
- Accident and incident recording.
- Staff training including practice and assessment of competency.
- Management of medication.
- Safety of the environment.

- Infection control.
- Maintenance, equipment and health and safety checks.
- Cleanliness and housekeeping arrangements.

This is in order to meet The National Care Standards, Care homes for older people, Standard 4 - Your environment, Standard 5 - Management and staffing, Standard 6 - Support arrangements, Standard 9 - Feeling safe and secure and Standard 15 - Keeping well - medication.

This recommendation was made on 27 April 2017.

Action taken on previous recommendation

Whilst we saw some quality assurance checks and audits were in place these were not always fully completed to show actions taken as a result of the information gathered .

In addition, the quality assurance checks and audits did not identify the deficits we found at this inspection. Also there were still requirements and recommendations which had not been fully implemented or met.

This recommendation had not been implemented.

We have repeated this recommendation, under quality of 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
24 Apr 2017	Unannounced	Care and support
		4 - Good
		Environment
		4 - Good
		Staffing
		4 - Good
		Management and leadership
		3 - Adequate

Date	Type	Gradings	
13 Jul 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
22 Jul 2015	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
19 Aug 2014	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
6 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
15 Nov 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
14 Dec 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
21 Sep 2012	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	4 - Good
		Management and leadership	2 - Weak
11 Jul 2011	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed

Date	Type	Gradings	
18 Jan 2011	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
9 Jun 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
11 Mar 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
28 Oct 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
26 Mar 2009	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
2 Sep 2008	Announced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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