

Orchard House Nursing Home Care Home Service

Orchard House
Crossford
Carluke
ML8 5PY

Telephone: 01555 860486

Type of inspection: Unannounced
Inspection completed on: 20 April 2018

Service provided by:
Enhance Healthcare Ltd

Service provider number:
SP2012011938

Care service number:
CS2014323294

About the service

Orchard House Nursing Home is owned by Enhance Healthcare Limited and was registered with the Care Inspectorate in November 2014. The home is registered to provide care and support for up to 44 older people including a maximum of eight adults, 50 years and over with conditions associated with aging. At the time of inspection there were 38 people residing here which included one adult.

The service is provided within a large traditional building with lovely views over the surrounding countryside. There is an enclosed garden area to the front of the building and a smaller courtyard to the rear of the building for residents and visitors to use. The home is housed over three floors with a passenger lift providing access between floors.

Eight additional en suite bedrooms, lounge and storage areas had recently been added. This had increased the overall capacity and provided additional space and quieter areas for residents and visitors to access.

There are two units on the ground floor called Rosebank and Hazelbank after local areas, each with a sitting room and separate dining room. There is an additional quieter sitting room available on the first floor for residents and relatives to use as an alternative space.

The aims and objectives of the service are to provide;

"all service users with a quality of care that will enable them to live as independently as possible, with dignity, privacy and the opportunity and support to make their own choices ensuring that every resident is treated on an individual basis and that their human rights are respected when developing focused care."

What people told us

Prior to this inspection we issued 15 Care Standards Questionnaires to people using the service as well as relatives/carers. At the time we carried out this inspection we received six completed questionnaires from residents, four of which strongly agreed and two agreed that overall they were happy with the quality of care and support provided. Nine were returned from relatives/carers, six of which strongly agreed and two agreed that overall they were happy with the quality of care and support their relative received. One didn't know. We shared the analysis of the questionnaires with the provider.

The majority of residents and relatives indicated they felt unsure of the complaints procedure or how to complain to the Care Inspectorate.

An inspection volunteer was involved in the inspection and spent time speaking with residents and relatives to gather their views of the service. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. We have included some of the comments we received at the inspection as well as the questionnaires we received;

"I'm happy with the environment, its like my own house, the staff are good and helpful"

"I like my room and have my own things, can go out daily, the staff are good and helpful"

"staff all very friendly and helpful, the surroundings are clean and free from any smells, my relative is well taken care off"

"during visits to the care home, it is evident that my relative is happy and settled in their surroundings, they are always very chatty, smile a lot and interact very well with both staff and other residents"

"my relative has advanced dementia and limited communication and mobility. Staff are approachable, helpful, friendly and caring at all times"

"Orchard House offers my relative a caring environment in which to reside, they have poor communication skills due to ongoing health difficulties, however the staff have worked hard to develop relationships and should be praised for their efforts. The diet management has assisted them to put on much needed weight and the varied diet has found them enjoying food again. The area requiring some development is in activities, there has been some improvement but feel a more varied programme could be developed. Overall a very good service with caring and devoted staff which make Orchard House a good place to live"

"the sitting room to the back is a bit tired, it could be cosier with cushions, footstools etc. Staff in this area could interact more, not much evidence of this when I visit"

"my relative is looked after well here, they are repositioned well, as recent sore has more or less gone. They are on a soft diet and the food has recently improved. The accommodation is not ideal due to the age of the home, however the owners have invested well recently. There are regular relatives meetings provided with good information, they are well attended. Over the last year staff have been consistent, can't think if any have left in the last 18 months. Staff are dedicated they stayed on during the bad weather, the home was warm throughout winter".

Self assessment

The Care Inspectorate did not request the service submit a self-assessment as part of this years inspection process.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

We received positive feedback on the service, people we spoke to said they were happy and spoke positively of the staff and changes in the home over the past couple of years.

Consultation through questionnaires, meetings and reviews were taking place, however, this could be improved by looking at ways of capturing the larger majority of residents, including those with cognitive impairment, rather than the current minority in order to obtain a more balanced view of how the service is performing.

An activity plan advertised activities and we saw evidence of activities taking place during the inspection. The service needs to review how they assess people's past and present social preferences, how they record this and then incorporate this into daily life in order to ensure residents benefit from activities meaningful to them (see recommendation 1).

Personal plans contained some good information, appropriate risk assessments were in place which were evaluated monthly and reviewed minimally every six months. Skincare and the management of wounds were recorded well. However, work is still needed on these plans to ensure staff have the most accurate information in order to deliver the appropriate level of care and support. More detail is required on individuals healthcare needs and how to manage these for example, stress and distressed behaviour. More detail in the monthly evaluations will provide staff with a clearer picture of how the residents' current healthcare needs are changing.

Anticipatory care plans which record final wishes and needs, had not been recently updated to ensure these capture individual preferences. Mealtimes were calm and organised, staff offered choice and provided individual support where appropriate. The staff and chef knew residents dietary needs well, staff used food diaries to record residents daily intake. The manager had an overview of residents health care needs which included weight loss with referrals made to the dietician where needed. Drinks and snacks were available throughout the day, however the food diaries although completed well failed to capture this.

Charts used to record how staff managed individuals' positional changes could be improved to demonstrate how this support continues when people are out of bed. There were currently no pressure sores within the home which suggested staff were aware and were managing this appropriately despite the gaps in recording (see recommendation 2).

We looked at the medication administration records (MAR) including covert and topical medication. These were well completed with an up to date covert medication policy in place including guidance from the pharmacist. Where as required medication was administered staff recorded the reason and outcome for this. Topical medication records were completed as prescribed. Staff completed daily stock balances of all medication. We found gaps in some of these while others had discrepancies in the stock balance. The content of the managers audit failed to identify this, please refer to quality theme 4 for further information.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The provider should ensure that all service users irrespective of ability have opportunity to participate in activities of their choice and which are meaningful to them.

This is in order to comply with; This is in order to comply with; Health and Social Care Standards My Support, My Life.

Standard 2.22 I can maintain and develop my interests, activities and what matters to me in the way that I like.

2. The provider should develop personal plans to ensure they fully reflect the preferences of individuals regarding their care and support, social and spiritual needs ensuring that each plan is up-to-date and clearly captures the

current level of support required. Where there is a specific health care need is identified that a relevant care plan is developed and regularly evaluated with details of any changes to the support required. This will ensure that the individual is appropriately supported by staff who are knowledgeable and competent in managing their current needs. With particular focus on:

- residents who experience stress and distress
- updating the relevant section of the care plan following accidents, incidents or change to need following care reviews
- updating the anticipatory care plans to reflect individuals current wishes
- introducing an appropriate monitoring chart to demonstrate how staff provide positional changes when people are out of bed
- improve the food diaries to include additional drinks and snacks.

This is in order to comply with; Health and Social Care Standards My Support, My Life Standard 1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

Grade: 4 - good

Quality of environment

Findings from the inspection

The provider continues to make improvements to the environment. The refurbishment programme provided evidence of positive changes made to communal areas with a recent extension adding an additional eight bedrooms, lounge and storage space. Although completed this remained work in progress, once fully decorated this will have a positive impact on the service by providing additional space for people to use.

We identified and discussed some areas of concern with the provider which included some rooms with no nurse call extensions available to assist residents in summoning assistance. This was dealt with promptly by the provider.

The home was clean, tidy and overall the atmosphere appeared calm, welcoming and organised. Lounges were spacious which enabled residents to move around freely. Rooms were personalised and people we spoke to said they liked their room and open views over the surrounding countryside. At mealtimes tables were nicely set, menus were displayed and staff were observed offering choice and supporting people individually at their own pace. Some residents were outside enjoying the sunshine. The provider was aware of the need to refurbish the garden due to uneven paving and worn garden furniture. Once complete this will provide a nice safe area for residents and visitors to access.

Residents' doors had been personalised which assisted them in identifying their rooms however the signage throughout the home requires improving. Due to the layout of the home we found ourselves lost on several occasions and questioned how residents and visitors managed to find their way around. Improved signage will assist residents, particularly those with visual and cognitive impairment in independently finding their way around the building. The provider had recently purchased additional signage which had still to be fitted. We will review how effective this has been at the next inspection.

There was a maintenance log where staff recorded any repairs or issues on a daily basis, we could see that any issues identified were actioned within a reasonable timescale. Satisfactory safety checks of equipment and appliances such as gas, moving/handling equipment and hot water checks were available. We were assured by the provider that a satisfactory Legionella assessment had been completed however the certificate was not available to us at inspection. These certificates should be stored within the home and be accessible and made available upon request to support any regulatory activity.

A recent fire safety risk assessment included an action plan, we were assured that the actions identified had all been addressed despite there being some gaps in this. Action plans resulting from audits or safety assessments should be updated upon completion of work providing evidence of progress to date.

There was a full inventory of all moving and handling equipment currently in use. This could be improved by recording all the slings currently being used which correspond with individual assessment and equipment.

We will continue to review this as part of future inspections.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

The recruitment files we sampled demonstrated there were satisfactory systems in place to ensure safe recruitment. Registration checks with the relevant regulatory body were in place to ensure that all staff employed were registered, safe and fit to practice. This recruitment process could be improved by ensuring two people conduct an interview which is based around the persons competency and position applied for. Returned references should be provided on head notepaper or include a compliment slip to provide proof of authenticity. We also looked at the volunteer policy and file. There were no references or evidence of supervision within the file on order to comply with the company policy (see recommendation 1)

We observed good staff practice and nice interaction with residents and visitors. Staff clearly knew the residents well and supported them at their own pace in a professional, dignified manner. This demonstrated a well-trained, knowledgeable and motivated staff team who said they felt well supported by the management. Staff meetings and supervision provided staff with opportunities to discuss any concerns, requests or suggestions with the manager. This also provided the manager the opportunity to discuss any concerns over current practice and plan any future additional support or training in order to improve this.

There was an up to date training matrix and overview in place which showed there was range of training available both on-line and face to face. Additional training was sourced from external professionals for more specific healthcare conditions to ensure staff were up to date and competent in their role.

The provider discussed ways of encouraging staff development and promoting leadership within the service using the continuous learning framework as well as regular open discussion, training and supervision. We look forward to seeing how this has developed and the impact this has on the service at future inspections.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider should ensure that all staff, including volunteers are recruited safely and in line with best practice guidance, complying with their own policies and procedures: 'Safer Recruitment Through Better Recruitment' 2016.

This is in order to comply with; Health and Social Care Standards My support, my life. Standard 4.24. I am confident that people who support and care for me have been appropriately and safely recruited.

Grade: 4 – good

Quality of management and leadership

Findings from the inspection

Since the previous inspection a new manager and depute had been appointed. The manager was on annual leave at the time of this inspection. Consequently the depute manager and provider were responsible for the day-to-day running of the service. We suggested reviewing how evidence is stored and made available for inspection in the absence of the manager, as this appeared to be problematic at times. As stated in the previous inspection report, we continue to find that the provider demonstrated total commitment to improving the service and was receptive to any suggestions for further areas of improvement.

Accidents/incidents provided information on times, location and actions taken over a seven-day period to ensure individuals were being monitored and appropriate action taken if there was a change in the persons condition. These could be improved by recording more detail of the accident/incident and include the records of additional observations rather than having to source this information elsewhere (see recommendation 1).

The current dependency tool used failed to capture the layout to the building, time spent providing additional care, emotional and social support as well as additional staff duties such as record keeping and training. This resulted in the service being unable to demonstrate if the current staffing levels met the current dependency needs within the home. We received some mixed comments regarding staffing levels within the home. Some people were happy others said there were not enough staff at various times throughout the day. The provider should review the current dependency tool and adapt this to suit the current needs of the service (see recommendation 2)

There was a complaints policy displayed and the manager kept a log of any complaints/concerns. We could see that where issues were raised these were being acknowledged and actions taken to prevent further escalation and improve outcomes for people.

The manager carried out a range of audits as part of the quality assurance system some of which included healthcare, accidents/incidents and falls. We discussed ways of improving the quality assurance system. The tools in use were not identifying some of the issues we found at inspection, for example discrepancies in the medication stock counts, the improvements needed with staff recruitment as well as dependency and how it effects staffing levels. Where actions had been identified following an audit there was not always evidence recorded of the final outcome to demonstrate if appropriate action had been taken (see recommendation 3).

Some care plans and risk assessments identified that wheelchairs were being used for individuals due to mobility restrictions. More work is needed to explain why some people are sitting in wheelchairs for longer periods of time. Or where their mobility has deteriorated and they have been assessed as requiring the use of a wheelchair. We will therefore repeat this recommendation made in July 2017 following a complaint investigation until suitable progress has been made (see recommendation 4).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. The provider should ensure that the recording of accidents and incidents are developed to show
 - the action staff should take to minimise the risk of reoccurrence.
 - families notified if appropriate
 - that care plans and risk assessments are updated or reviewed following events.

This is in order to comply with;

Health and Social Care Standards My support, my life. Standard 3.18 I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

2. The provider should continue to develop how the staff duty rota is recorded to ensure that:
 - accurate information is recorded about all staff on duty including ancillary staff
 - ensure care staffing levels are influenced by residents individual needs assessments and not the number of people in residence
 - develop the residents needs assessment tool to include consideration of other tasks care staff have to undertake.

This is order to comply with; Health and Social Care Standards My support, my life.

Standard 3.15 My needs are being met by the right number of people.

3. It is recommended that the provider continues to develop the quality assurance system to ensure all aspects of service quality is comprehensively evaluated.

This should include measures to be taken to check that any identified action has been satisfactorily completed.

This is in order to comply with; Health and Social Care Standards My support, my life.

Standard 4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

4. The service should ensure that where a service user requires the assistance of a wheelchair to transfer, that an assessment for risk associated with falls or other potential injury is completed and a preventative plan of care developed, implemented and reviewed. The plan should detail whether or not it is appropriate for the individual to remain seated in the wheelchair that has not been assessed for individual use following transfer or to be assisted to standard seating.

This is in order to comply with Health and Social Care Standards My support, my life.

Standard 1.15 My personal plan(sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

Grade: 3 – adequate

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

Previous requirements

Requirement 1

The provider must comply with condition 5 of the conditions of registration and ensure:

- schedule of works Part 1.
- ensure that all radiators are fitted with cool to touch covers.
- schedule of works Part 3.
- on each floor of building, create domestic service's room (cleaner's store) to be fitted with non-hand operated mixer tap and general purpose sink.
- a general purpose sink with drainer in sluice areas.
- create storage areas for equipment.
- heaters which can be individually controlled.
- full refurbishment including replacement of carpets and decoration throughout the home.

This is in order to comply with the Public Services Reform (Scotland) Act 2010, section 60(2).

Timescales: For completion by the 30 January 2017.

This requirement was made on 31 May 2017.

Action taken on previous requirement

New storage had been created as part of the new extension, painting and decorating was work in progress at this inspection. We were satisfied that this requirement had been met and will continue to assess the quality of the environment and progress with ongoing refurbishment at future inspections. Please refer to quality theme two for further detail on the quality of environment.

Met - outwith timescales

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

Previous recommendations

Recommendation 1

It is recommended that the provider ensure that where a service user experiences unplanned weight loss or is assessed as being "at risk" of unplanned weight loss that proper systems are in place to address this and are recorded.

This is in accordance with the National Care Standards, Care homes for older people, Standard 13- Eating well.

This recommendation was made on 31 May 2017.

Action taken on previous recommendation

This recommendation has been met.

Please refer to quality theme one for further information.

Recommendation 2

The provider should develop personal plans to ensure they fully reflect the preferences of individuals regarding their care and support, social and spiritual needs.

Particular focus should be on:

- Where a service user is identified as being at risk of falling.
- Where a service user is assessed as experiencing or at risk of experiencing stress and distress.
- The care of residents' skin, wound care or skin trauma.
- Care plans and risk assessments should be reviewed and updated following accidents, incidents, changes to care needs or following care reviews.
- Ensure all staff know the content of care plans and deliver care accordingly.

This is in accordance with the National Care Standards, Standard 6 - Support arrangement.

This recommendation was made on 31 May 2017.

Action taken on previous recommendation

Work is still required to fully meet this recommendation.

Please refer to quality theme one for further information.

Recommendation 3

The provider should ensure that medication is managed safely including:

- before medication is given in a disguised form the appropriate legal documentation should be in place.
- ensure that all administered medication is recorded.
- handwritten narratives on Medication Administration Recording sheet (MARs) should be signed and dated by the person making the entry and detail where the information was obtained or the authority for the entry.
- carer notes on the reverse of the MARs should be completed when appropriate.
- ensure a consistent approach is taken to recording the application of topical creams.

This is in accordance with the National Care Standards, Care Homes for Older People, Standard 15- Keeping well - medication.

This recommendation was made on 31 May 2017.

Action taken on previous recommendation

The elements of this recommendation which were outstanding from the previous inspection have been met.

Please refer to quality theme one for further detail.

Recommendation 4

The provider should ensure that all service users, irrespective of ability, have opportunity to participate in activities of their choice and which are meaningful to them.

This is in accordance with the National Care Standards, Care homes for older people, Standard 17 - Daily life and Standard 14 - Keeping well.

This recommendation was made on 31 May 2017.

Action taken on previous recommendation

Further work is needed to record people's personal preferences and choice in relation to daily activity.

This recommendation has not been met.

Please refer to quality theme one for further information.

Recommendation 5

It is recommended that the provider should ensure that infection control procedures are followed to prevent the risk of the spread of infection.

This is in accordance with the National Care Standards, Care homes for older people, Standard 4 - Your environment and Standard 5 - Management and staffing arrangements.

This recommendation was made on 31 May 2017.

Action taken on previous recommendation

This recommendation has been met. Please refer to quality theme three for further information.

Recommendation 6

The provider should ensure that the recording of accidents and incidents are developed to show:

- the action staff should take to minimise the risk of reoccurrence.
- families notified if appropriate.
- that care plans and risk assessments are updated or reviewed following events.

This is in accordance with the National Care Standards, Care homes for older people, Standard 5 - Management and staffing arrangements.

This recommendation was made on 31 May 2017.

Action taken on previous recommendation

This recommendation has not been met.

Please refer to quality theme four for further information.

Recommendation 7

The provider should continue to develop how the staff duty rota is recorded to ensure that:

- accurate information is recorded about all staff on duty including ancillary staff.
- ensure care staffing levels are influenced by residents' individual needs assessments and not the number of people in residence.
- develop the residents' needs assessment tool to include consideration of other tasks care staff have to undertake.

This is in accordance with the National Care Standards, Care homes for older people standard 5 - Management and staffing arrangements.

This recommendation was made on 31 May 2017.

Action taken on previous recommendation

This recommendation has not been met.

Please refer to quality theme four for further information.

Recommendation 8

It is recommended that the provider ensure staff receive training appropriate to the work they are to perform. This is to ensure that staff have the education they need to meet the needs of all service users.

With particular reference to:

- dementia awareness.
- wound care.
- legal aspects of care.
- pain management.

- care planning and accurate recording of information.
- assess staff competency in the work they are to perform. Any action resulting from competency assessments should be recorded in writing.

This is in accordance with the National Care Standards, Care homes for older people, Standard 5 – Management and staffing arrangements.

This recommendation was made on 31 May 2017.

Action taken on previous recommendation

This recommendation has been met.

Please refer to quality theme three for further information.

Recommendation 9

The provider should ensure that all staff are recruited safely and in line with best practice guidance: 'Safer Recruitment Through Better Recruitment' 2016.

This takes into consideration the National Care Standards, Care home for older people, Standard 5 – Management and staffing arrangements.

This recommendation was made on 16 May 2017.

Action taken on previous recommendation

This recommendation has not been met.

Please refer to quality theme three for further information.

Recommendation 10

The provider should ensure that the Care Inspectorate guidance on notification reporting about significant events is followed and that notifications are made timeously.

This is in accordance with the National Care Standards, Care homes for older people, Standard 5 – Management and staffing arrangements.

This recommendation was made on 31 May 2017.

Action taken on previous recommendation

We were satisfied from the evidence we looked at and the notifications we had received that this recommendation has been met.

Recommendation 11

The service provider should develop registered nurses' and senior carers' leadership skills to help them in directing the daily running of the service.

National Care Standards for Care homes for older people, Standard 5 – Management and staffing.

This recommendation was made on 31 May 2017.

Action taken on previous recommendation

Staff clearly knew their roles and responsibilities and we saw evidence of a well-managed and organised team of staff. There was evidence of internal staff promotion and staff told us they received plenty of training opportunities in order to improve their knowledge and skills.

This recommendation has been met.

Recommendation 12

It is recommended that the provider continues to develop the quality assurance system to ensure all aspects of service quality is comprehensively evaluated.

This should include measures to be taken to check that any identified action has been satisfactorily completed.

This is in accordance with the National Care Standards, Care homes for older people, Standard 5 - Management and staffing arrangements.

This recommendation was made on 31 May 2017.

Action taken on previous recommendation

This recommendation has not been met.

Please refer to quality theme four for further information.

Recommendation 13

Following a complaint investigation the following recommendation was made.

The service should ensure that where a service user requires the assistance of a wheelchair to transfer, that an assessment for risk associated with falls or other potential injury is completed and a preventative plan of care developed, implemented and reviewed. The plan should detail whether or not it is appropriate for the individual to remain seated in the wheelchair that has not been assessed for individual use following transfer or to be assisted to standard seating.

National Care Standards for Care homes for older people, Standard 6 - Support arrangements.

This recommendation was made on 20 July 2017.

Action taken on previous recommendation

This recommendation has not been met.

Please refer to quality theme four for further information.

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
16 Nov 2017	Unannounced	Care and support Environment Staffing Management and leadership Not assessed Not assessed Not assessed Not assessed
29 Nov 2017	Re-grade	Care and support Environment Staffing Management and leadership Not assessed Not assessed Not assessed 3 - Adequate
16 May 2017	Unannounced	Care and support Environment Staffing Management and leadership 3 - Adequate 3 - Adequate 3 - Adequate 2 - Weak
19 Jan 2017	Unannounced	Care and support Environment Staffing Management and leadership Not assessed Not assessed Not assessed Not assessed
9 Aug 2016	Unannounced	Care and support Environment Staffing Management and leadership 3 - Adequate 3 - Adequate 3 - Adequate 4 - Good
4 Feb 2016	Unannounced	Care and support Environment Staffing Management and leadership Not assessed Not assessed Not assessed Not assessed
30 Jun 2015	Unannounced	Care and support Environment 3 - Adequate 3 - Adequate

Date	Type	Gradings	
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.