

Ark Borders East Housing Support Service

The Butts
Kelso
TD5 7BA

Telephone: 01573 223982

Type of inspection:
Unannounced

Completed on:
24 August 2018

Service provided by:
Ark Housing Association Ltd

Service provider number:
SP2003002578

Service no:
CS2005098942

About the service

This service has been registered since 2005.

Ark Housing Association provides both Care at Home and Housing Support to adults with learning disabilities, physical disabilities or mental health problems. This service is provided across the eastern part of the Scottish Borders with staff based in Kelso and Hawick.

This includes a 'short breaks' service where people are supported in a variety of rented/holiday accommodation.

Information provided by Ark states that service users will: - "Have choice and control over their own life, develop new friendships and relationships, develop skills and contribute to their community and do things valued by others in the community."

What people told us

We received comments from people supported and their families on questionnaires we sent them. These included;

"My support plan tells staff and family about me. I am able to speak about anything freely to my staff team. The staff help me go out and access my community. They treat me with dignity and respect and kindness and are always happy. My staff make time for me and meet my needs. I feel staff make time for me even when I don't have support hours I can always speak to someone who is available in the building. My staff listen to me when I feel sad and discuss what's wrong and take simple steps to make me feel better".

"I feel this service makes me as independent as I can be. The staff help me with housework and to get out and about to different places in and outside of my local community".

"With new staff I have to repeat myself because they struggle to understand me but established staff support me well".

"My staff will take me places in my car and I go to lots of different places. I have been to Benidorm with another service user and staff organized this for me".

"I recently got my new car and really enjoy this independence. I have recently been on holiday with staff and been on a plane which I loved".

"He enjoys visits and outside activities. He finds staff very helpful and they meet his requirements".

"They help him be independent by helping in the kitchen and keeping his room tidy."

"He feels very safe and support is always at hand".

"He is very well looked after".

We visited people in their own homes during the inspection and also spoke with families. They told us;

"Staff help me do the dishes. On Sunday we went to the Fringe in Edinburgh which was good and we went to the underground which wasn't scary. I like the charity shops and buying jewellery and going to Weatherspoons for lunch. Staff have been helping me with cooking - I made homemade soup and love it! Staff have also been helping me with ironing".

"It is the same staff that come to me. We go out for walks - it is nice to have company. Staff at the moment are good and they listen to me. I get on really well with the manager".

"I got a new printer and laptop".

"I made peach crumble".

"I am going to Centre Parks for a holiday".

We received some comments where people felt things could be improved which were consistent with our findings during the inspection. These included;

"Visits are quite often cut short especially when there is staff shortages".

"I feel I cannot trust or depend on them".

"I don't always get a rota".

"Sometimes there are gaps in the rota so I don't know who is coming".

"There has been a lot of staff changes recently and I have to get used to new staff but I am usually okay with this".

"There is a lot of staff changes which makes me a wee bit sad".

"I feel very sad when staff leave and I don't like it at all. There have been several staff leave recently".

Self assessment

We are not requesting self-assessments from providers for this inspection year. Issues relating to quality assurance, acting on feedback from people using the service and the quality of the service's improvement plan are considered throughout the inspection.

From 1 April 2018 the new "Health and Social Care Standards have replaced the existing Care Standards. These Standards seek to provide better outcomes for people who experience care and services should now be familiarising themselves with these. Services must now take account of the new standards, and work with staff and the people they support to implement these effectively.

From this inspection we graded this service as:

| | |
|--------------------------------------|--------------|
| Quality of care and support | 3 - Adequate |
| Quality of staffing | 3 - Adequate |
| Quality of management and leadership | 3 - Adequate |

Quality of care and support

Findings from the inspection

We observed staff supporting and interacting with people in a kind, caring and sensitive manner. It was evident that they knew people very well including their care and support needs, likes, dislikes and daily routines. Comments from families included;

"Staff have a good understanding of what she wants and needs. They respond quickly when they notice any changes".

People were supported to take part in activities that they enjoyed, therefore promoting positive outcomes and we could see the positive impact this had made on their lives such as increased self-esteem, independence and general well-being. They told us;

"I went to Benidorm with(name of another supported person) it was really good".

"I am so happy I am going to Blackpool it is part of my birthday. Staff are helping me plan my birthday party".

"I like going to Carlisle on a Saturday with staff".

Systems and procedures in place to support people to manage their finances were robust which ensured this was carried out safely. Medication systems also effectively ensured people received their medication in a safe way. Regular audits of both finances and medication enabled any concerns to be quickly picked up and dealt with.

Significant improvement had been made to the overall co-ordination of the short breaks service, including assessment, support planning and review. We saw positive examples of transition periods for new service users and training for staff to meet their specific healthcare needs prior to their visit. All information was now routinely reviewed prior to each visit to ensure the individual's needs continued to be safely and consistently met. Following each visit, the person's stay was reviewed to ensure their outcomes had been met, or if changes to the support could improve future visits.

We made a requirement at the last inspection about support plans and risk assessments. The service had made some progress towards this in Kelso, but further improvement was still needed. There was confusion between the support assessment and the support plan and we considered further guidance and training would support improvement. Some support plans lacked adequate information, particularly for those with complex care needs,

to accurately reflect the support they needed. In some cases, individual risks had been identified but contained no further details to reduce such risk. Although manager's audits had been undertaken, the actions identified had not been followed up.

In the Hawick service we found a more consistent approach to support planning, risk assessments and reviews. These could be further improved by ensuring all the information is accessible under specific support areas. This requirement has been repeated.

(Requirement 1)

A requirement was made at the last inspection in relation to people receiving their agreed support hours as commissioned. The levels of staffing remained a challenge for the service and they continued to recruit. In Kelso and Hawick, we found regular examples where people did not receive their agreed support due to staffing shortages. Where ever possible the service strived for this to have the minimum impact on service users, for example sharing support with another person. Improvements were still needed in the way in which the service recorded instances where people did not receive their agreed support. The service need to ensure that they record exact dates, times, reason the support was not delivered, the outcome/impact and any risk to the person as a result of not receiving the support. They should also monitor and evaluate this for each person to identify patterns/trends and the impact this may have on them over time. This requirement has been repeated.

(Requirement 2)

The recording of explained/unexplained bruising needs improvement. We found an example where bruising, although explained, was not accurately recorded or reported. A clear protocol should be developed for staff to follow including recording, reporting, monitoring and evaluation. Where service users are at risk of bruising, or other such concerns, the service should develop individual protocols, support plans and risk assessments and ensure staff understand and follow these.

(Recommendation 1)

Requirements

Number of requirements: 2

1. In meeting this requirement people will have confidence that their personal plan sets out how their needs will be met in a safe and consistent way.

By 30 November 2018, the provider must demonstrate that personal plans records all risk, health, welfare and safety needs in a coherent manner which identifies how needs are met. In order to do this the provider must ensure:

- Documentation and records are accurate, sufficiently detailed and reflect the care planned or provided;
- They demonstrate that managers are involved in monitoring and the audit of all files.
- Detailed individual care plans are developed, implemented and documented for each service user, in consultation with the service user and their personal and professional representatives as appropriate, in respect of any relevant identified needs.
- Detailed individual risk assessments are developed, implemented and documented, in consultation with service users and their personal and professional representatives as appropriate, in respect of any potential risks inherent to the provision of agreed care and support.
- Personal plans are reviewed with service users, and/or their representatives at a minimum of six monthly intervals, evaluating how accurately the plans reflect the needs of service users and how well the service is meeting these needs.

- All staff involved in planning and documenting care and support are provided with appropriate training, time and support for this.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "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". (HSCS 1.15)

This is in order 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) - requirement for the health and welfare of service users regulation 5(1) - requirement for personal plans & regulation 9(2)(b) requirement about fitness of employees & regulation 15(b)(i) requirement about training.

2. In meeting this requirement, people can be confident that their needs are met by the right number of people and provided in a planned and safe way.

By 14 September 2018, the Provider must ensure that the service is provided as commissioned, at the agreed times, and in such a way that meets the identified needs of the service user as recorded in the agreed support agreement and personal plan.

A log should be maintained, indicating any failure to provide support as agreed.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "My needs are met by the right number of people and they have time to support and care for me". (HSCS 3.15, 3.16)

This is in order to comply with The Social Care and Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 210, Regulation 3, a Regulation relating to the main principles to be promoted by providers and services and Regulation 4(1)(a) a Regulation regarding the welfare of service users.

Recommendations

Number of recommendations: 1

1. The service should ensure that there are robust support plans, protocols and risk assessments in place for people who are at risk of bruising. These should be monitored as part of quality assurance to ensure staff understand and are following individual protocols.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I use a service and organisation that are well led and managed". (HSCS 4.23)

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We saw positive examples of new staff being supported into their role through extensive shadowing periods, training, and on-going support sessions. They spoke positively of the support they had received since starting from both their manager and colleagues.

Following on from the last inspection, the service had carried out training for some staff in values, equality and diversity and professional boundaries. This was continuing to be rolled out until all staff had attended this training.

We received positive comments from service users and their families about staff and the care and support they provided. This included;

"My staff care about me and go the extra mile to help where they can".

"She is very happy and likes to get out and about in her car. The staff support her very well and they work very hard. She really does get on well with them and it is a relief that she is well looked after".

"Usually the same staff and some are brilliant".

We observed some genuinely caring interaction from staff with the people they supported. The combination of staffing shortages, sickness and holidays was understandably putting pressure on the service, however it was evident that staff often went over and above their duties to meet service user's needs.

We made a requirement at the last inspection about adequate staffing levels and training. There continued to be staffing shortages which was further impacted by sickness and holidays, however following recruitment new staff were due to start as soon as possible.

We found staff training records were not accurate and did not reflect up to date details of all staff or the training identified, planned, attended or when this was due to be refreshed. Some specific training to meet individual healthcare needs had taken place but not recorded. There was a lack of oversight into the e-learning staff had completed, therefore this was not up to date. We advised the service to undertake a full training needs analysis for each member of staff to determine what core training they need, any specific training to meet individual needs, and from this develop an accurate training plan.

We appreciate the challenges faced by the service to enable staff to attend all required training given the pressures of staffing shortages and the support to service users being their priority. It is however, vital that staff receive training, and are competent and skilled to support people to meet their needs in line with up to date guidance and best practice. This requirement has been repeated.

(Requirement 1)

Requirements

Number of requirements: 1

1. In meeting this requirement people can be confident in the staff supporting them because they are trained, competent and skilled.

By 31 December 2018, the provider must demonstrate proper provision for the safety and welfare of services users is made. In order to achieve this the provider must:

- ensure that at all times suitably qualified, skilled and experienced staff are working in the care service in such numbers as are appropriate for the health and welfare of service users.
- ensure that persons employed in the care service receive training appropriate to the work they are to perform.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "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". (HSCS 3.14)

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4 - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents. And regulation 10(2)(a) - requirement about premises. And regulation 15(a) (bii) - requirement about staffing.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The development of new quality assurance processes to maintain oversight of the quality of the service had been developed but these were still in the very early stages. This included a care and support service review audit which was undertaken during the inspection. We recognise that the service will need time to demonstrate the effectiveness of these and the action they will take in response to identified improvements.

Some progress had been made towards team meetings and supervision sessions being carried out more regularly. This gave staff an opportunity to discuss any issues and best practice.

New staff had been appointed since the last inspection and we found they had been recruited appropriately and safely.

A requirement was made at the last inspection about improvements needed in the short breaks service. Significant improvements had been made to assessment, support planning and risk management which we have discussed further under the Quality of care and support in this report.

Premises based risk assessments were now undertaken and consideration was given to match people who shared accommodation while using the short breaks service. Staffing levels were also evaluated taking into account the needs of the individuals accessing the service at that time. This requirement has been met.

We made a requirement about quality assurance for the service at the last inspection. New systems and audits had been developed but we consider more time is needed for these to be fully embedded and carried out regularly and consistently. Following the last inspection the service had developed an action plan detailing progress towards areas of improvement. Although actions were completed, the service must be vigilant to ensure that where further action is needed that this is followed up, such as support plan audits.

Audits of finances and medication should be accurately recorded by the manager and demonstrate improvement actions required and when these are completed.

The service should consider how they can gather findings from all quality assurance methods into one service development plan. This will demonstrate what the service do well and what they could do better to improve outcomes for people using the service, their families and staff. We received many comments from service users, families and other partners throughout this inspection. The service must consider how they can gather routine and consistent feedback from all partners to influence the service development plan. This requirement has been repeated.

(Requirement 1)

We would consider a separate development plan for the short breaks service would be a positive way to demonstrate what they do well and where they need to improve. The feedback following each short break should inform this plan and influence further improvements.

We made a recommendation at the last inspection in relation to staff supervision and annual appraisal. Some progress had been made toward this, however the service need to demonstrate that this is consistent, of good quality and sustainable. Learning and development should link into supervision and the overall training plan. We have repeated this recommendation.

(Recommendation 1)

Requirements

Number of requirements: 1

1. In meeting this requirement people can be confident that there is robust and transparent quality assurance processes in place to improve the quality of the service provided.

By 31 December 2018, the Provider must ensure that quality assurance for the service is carried out effectively. In order to demonstrate this:

- Routine and regular management monitoring of the quality of care, support and staff practice must be provided.
- Quality audits relating to the above areas must be accurate, kept up to date and ensure they lead to any necessary action to achieve improvements or change without unnecessary delay.
- A service development plan must be made available to show how and when improvements will be made.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

This is to comply with SSI 2011/210 Regulation 4 (1) (a) – a requirement to make proper provision for the health and welfare of service users.

Recommendations

Number of recommendations: 1

1. In order to ensure staff are supported to discuss and develop their roles and work practice, staff supervision and annual appraisal should be carried out in accordance with the provider's policy and procedures .

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "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". (HSCS 3.14)

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 demonstrate that personal plans records all risk, health, welfare and safety needs in a coherent manner which identifies how needs are met. In order to do this the provider must ensure:

- Documentation and records are accurate, sufficiently detailed and reflect the care planned or provided;
- They demonstrate that managers are involved in monitoring and the audit of all files.
- Detailed individual care plans are developed, implemented and documented for each service user, in consultation with the service user and their personal and professional representatives as appropriate, in respect of any relevant identified needs.
- Detailed individual risk assessments are developed, implemented and documented, in consultation with service users and their personal and professional representatives as appropriate, in respect of any potential risks inherent to the provision of agreed care and support.
- Personal plans are reviewed with service users, and/or their representatives at a minimum of six monthly intervals, evaluating how accurately the plans reflect the needs of service users and how well the service is meeting these needs.
- All staff involved in planning and documenting care and support are provided with appropriate training, time and support for this.

This is in order 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) - requirement for the health and welfare of service users regulation 5(1) - requirement for personal plans & regulation 9(2)(b) requirement about fitness of employees & regulation 15(b)(i) requirement about training.

Timescale for implementation: To commence on receipt of this report and to continue on an on-going basis.

This requirement was made on 18 April 2018.

Action taken on previous requirement

We have discussed this in detail under the Quality of care and support in this report.

Not met

Requirement 2

The Provider must ensure that the service is provided as commissioned, at the agreed times, and in such a way that meets the identified needs of the service user as recorded in the agreed support agreement and personal plan.

A log should be maintained, indicating any failure to provide support as agreed.

This is in order to comply with The Social Care and Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 210, Regulation 3, a Regulation relating to the main principles to be promoted by providers and services and Regulation 4(1)(a) a Regulation regarding the welfare of service users.

In making this requirement account has been taken of the National Care Standards for Care at Home; Standard 4 (6): Management and staffing.

Timescale for implementation: To commence on 21/3/2018 and continue on an on-going basis.

This requirement was made on 18 April 2018.

Action taken on previous requirement

We have discussed this in detail under the Quality of care and support in this report.

Not met

Requirement 3

The provider must demonstrate proper provision for the safety and welfare of services users is made. In order to achieve this the provider must:

- ensure that at all times suitably qualified, skilled and experienced staff are working in the care service in such numbers as are appropriate for the health and welfare of service users.
- ensure that persons employed in the care service receive training appropriate to they are to perform.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4 - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents. And regulation 10(2)(a) - requirement about premises. And regulation 15(a) (bii) - requirement about staffing.

Timescale for improvement: To commence on receipt of this report.

This requirement was made on 18 April 2018.

Action taken on previous requirement

We have discussed this in detail under the Quality of staffing in this report.

Not met

Requirement 4

The Provider must ensure:

- All incidents which are detrimental to the health and welfare of service users are thoroughly investigated in a timely manner.
- Incident reports are completed in a timely manner and where applicable notification reports are sent to the Care Inspectorate.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011, Scottish Statutory Instrument 2011/210: regulation 4(1) (a) - welfare of service users.

Timescale for improvement: To commence upon receipt of this report and continue on an on-going basis thereafter.

This requirement was made on 18 April 2018.

Action taken on previous requirement

Incidents were evaluated from the date of the last inspection to date. These were appropriately recorded, passed to a relevant manager and follow up action taken. We discussed one incident which we consider could have been improved by demonstrating the de-brief meeting for the staff member, including a reflection of the incident. A new incident form had been developed and all follow up actions were documented in an electronic system to maintain an overview.

Where applicable notification reports were sent to the Care Inspectorate as required.

Met - within timescales

Requirement 5

The Provider must ensure that quality assurance for the service is carried out effectively. In order to demonstrate this:

- Routine and regular management monitoring of the quality of care, support and staff practice must be provided.
- Quality audits relating to the above areas must be accurate, kept up to date and ensure they lead to any necessary action to achieve improvements or change without unnecessary delay.
- A service development plan must be made available to show how and when improvements will be made.

This is to comply with SSI 2011/210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users.

Timescale for improvement: To commence within one month upon receipt of the final inspection report.

This requirement was made on 18 April 2018.

Action taken on previous requirement

We have discussed this in detail under the Quality of management and leadership in this report.

Not met

Requirement 6

The provider must demonstrate that the service has systems in place to ensure that the needs of the individual resident using the short breaks service are regularly assessed, monitored and adequately met. In order to do this they must:

- Ensure that premises based risk assessment is undertaken and that management have insight and an overview of the suitability of the resources used to facilitate short breaks.
- Ensure that the service meets, assesses and produces detailed care planning documentation for anyone using the short breaks service.
- Demonstrate that the service have given due consideration to how they match the individuals who share short breaks premises and how they risk assess staffing levels whilst providing this part of the service.

This is in order to comply with :The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4 - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents.

Timescale for improvement: To be completed by 1/5/2018

This requirement was made on 18 April 2018.

Action taken on previous requirement

We have discussed this in detail under the Quality of management and leadership and care and support in this report.

Met - within timescales

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

Previous recommendations

Recommendation 1

In order to demonstrate that the provider is facilitating access to health and community based professionals essential to maintaining well-being, the service should ensure that they maintain a record of contacts, indicating the actions and outcomes arising from them.

The National Care Standards-Standard 7-Exercising Your Rights.

This recommendation was made on 18 April 2018.

Action taken on previous recommendation

There was evidence of regular appointments within individual files which indicated improved recording. The service should ensure that they maintain a clear overview of all routine, regular appointments.

This recommendation has been: **Met.**

Recommendation 2

In order to ensure staff are supported to discuss and develop their roles and work practice, staff supervision and annual appraisal should be carried out in accordance with the provider's policy and procedures .

This is in order to comply with: The National Care Standards-Housing Support, Standard 3 - Management and Staffing Arrangements.

This recommendation was made on 18 April 2018.

Action taken on previous recommendation

We saw some progress made in undertaking supervision meetings, however this was at the very early stages. The service need to demonstrate that this is consistent, of good quality and sustainable. Within each supervision there must be a focus on learning and development and demonstrating how this links in to the training plan.

This recommendation has been: **Repeated.**

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 |
|-------------|--------------------------|---|
| 23 Feb 2018 | Unannounced | Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 2 - Weak |
| 22 Dec 2016 | Unannounced | Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate |
| 11 Feb 2016 | Announced (short notice) | Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good |
| 19 Feb 2015 | Announced (short notice) | Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership 4 - Good |
| 18 Dec 2013 | Unannounced | Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good |

| Date | Type | Gradings | |
|-------------|-------------|---------------------------|---------------|
| 23 Jul 2012 | Unannounced | Care and support | 4 - Good |
| | | Environment | Not assessed |
| | | Staffing | 4 - Good |
| | | Management and leadership | 4 - Good |
| 13 Dec 2010 | Announced | Care and support | 5 - Very good |
| | | Environment | Not assessed |
| | | Staffing | Not assessed |
| | | Management and leadership | Not assessed |
| 27 Oct 2009 | Announced | Care and support | 5 - Very good |
| | | Environment | Not assessed |
| | | Staffing | 5 - Very good |
| | | Management and leadership | 5 - Very good |
| 4 Nov 2008 | Announced | Care and support | 4 - Good |
| | | Environment | Not assessed |
| | | Staffing | 4 - Good |
| | | Management and leadership | 4 - Good |

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