

# Applecross Nursing Home Care Home Service

Levernholm  
By Hurlet  
Glasgow  
G53 7TG

Telephone: 0141 881 1507

**Type of inspection:**

Unannounced

**Completed on:**

17 January 2019

**Service provided by:**

Applecross Nursing Home Limited

**Service provider number:**

SP2003002367

**Service no:**

CS2003010474

## About the service

Applecross Nursing Home is a large house, with two extensions, situated within well-kept grounds just outside Barrhead. The service is provided by Applecross Nursing Home Limited.

The home is registered to provide care for 22 older people and up to 60 younger residents with physical and sensory impairments. The accommodation is divided between the main building and the extension.

Throughout the home there are lounge and dining areas. All of the bedrooms are single rooms most of which have en-suite facilities. There is access to the gardens from the ground floor lounges. Each level has communal lounge and dining facilities.

The extension offers enhanced resources such as more bedrooms, lounges, therapy rooms and a cinema. .

The home's aims were to "treat residents with respect and kindness, to protect their human rights by helping them to make individual choices and to promote privacy and dignity".

There were 76 residents using the service at the time of the inspection.

## What people told us

As this was a planned follow up inspection we did not issue any Care Standard Questionnaires prior to this inspection.

## Self assessment

The service was not asked for a self assessment prior to this inspection.

## From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	2 - Weak

## Quality of care and support

### Findings from the inspection

Given that this was originally a follow up inspection, not all elements of this Quality Theme were looked at. We focussed mainly on the progress made in relation to requirements and area for improvement and if these affected the outcomes for residents.

Since the last inspection we found that the quality of the care plans continued to be inconsistent and a number of areas still required improvement, namely:

- Some monthly risk assessments had not been completed for periods of up to four months
- There was a lack of sufficient information in order to deliver person centred care
- Monthly updates did not accurately reflect any changes or relevant information relating to that particular need

This means a requirement previously made has been repeated.  
(See requirement 1)

We continued to find concerns surrounding the Medication Administration Records. From the sample we reviewed, we saw that three residents had not received their medications as they had run out of stock. Records also reflected missing staff signatures to demonstrate medications had been administered. There was also no evidence of action taken where one resident consistently refused their medication. Body maps for topical applications creams did not always contain clear instructions or were recorded as prescribed.

This means a requirement previously made has been repeated.  
(See requirement 2)

Records we reviewed did not always demonstrate that required actions had been undertaken or appropriate monitoring had been completed in relation to pressure relief, fluid intake and bowel movements.

Pressure relief records did not accurately reflect when the task had been completed and at times were completed significantly later. Some records were not dated and some had not recorded how often the person required the pressure relief to be carried out.

This means an area for improvement previously made has been repeated.  
(See area for improvement 1)

Fluid targets were not always calculated for the specific person, recorded and/or totalled -  
This means an area for improvement previously made has been repeated.  
(See area for improvement 2)

There were significant gaps in bowel movement records with no evidence that this was being monitored or that any actions had been taken to help rectify concerns. Not all food charts had dates and records did not show enough detail about the portion size or food that people had taken. We also noted gaps in oral hygiene records.  
(See area for improvement 3)

From our observations and records we concluded activities were still limited for people in relation to recreational, social, creative, physical and learning activities every day, both indoors and outdoors. From the recent staff questionnaire returned, some of the comments indicated that more activities for residents were needed.  
This means an area for improvement previously made has been repeated.  
(See area for improvement 4)

## Requirements

### Number of requirements: 2

1. The service must ensure care plans are legible and contain adequate and accurate information and assessments relating to service users' needs. In doing so, the care plans must be developed further to reflect:
  - more person centred information and preferences of service users and how these will be met in full
  - residents' capacity or where next of kin hold specific legal powers
  - up to date clinical assessments
  - six monthly minimal care reviews.

This is in order to comply with the Health and Social Care Standards 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. SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users; Regulation 5: Personal Plans

Timescale for implementation: To be completed by 1 May 2019

2. The Provider of the care service must ensure that medication is administered as instructed by the prescriber and in line with the resident's daily routine. In doing so, the Provider must ensure that:

- Medication is administered as instructed by the prescriber and appropriate records are kept to demonstrate this.
- Clear records of reasons and outcomes are recorded to reflect the administration of as required medications
- Medication is given in a manner that allows the service users to get the intended benefit of the medicine and is given in line with manufacturers guidelines
- Where a regular medicine is not given as prescribed a reason for this must be clearly annotated on the MAR chart. Any annotations used on the MAR chart should be clearly defined.
- Handwritten entries must contain two staff signatures and reference the clinician making the changes or the date when the instruction had been made.

This is in order to comply with the Health and Social Care Standards Standard 1.19 My care and support meets my needs and is right for me. SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users; Regulation 5: Personal Plans

Timescale for implementation: To be completed by 1 May 2019

## Recommendations

### Number of recommendations: 4

1. Records should be recorded accurately to reflect any pressure relief which is undertaken during periods of sitting up as well as in bed.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states "My care and support meets my needs and is right for me"

2. Records should be recorded accurately to reflect fluid intake and relevant daily targets.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states "My care and support meets my needs and is right for me"

3. The completion of bowel monitoring and recording charts should be improved to help demonstrate effective communication of important information. Where concerns are identified through clinical recording records, relevant and effective action must be taken such as seeking medical advice.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states "My care and support meets my needs and is right for me".

4. The service should improve the provision of activities people can become involved in on a daily basis within the service. In doing so, this should also include consultation with people within the service to ensure that meaningful activities are promoted that reflect their personal preferences and promote the independence of each individual person.

This ensures care and support is consistent with the Health and Social Care Standards 1.25 which states "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors".

**Grade:** 2 - weak

## Quality of environment

### Findings from the inspection

Given that this was originally a follow up inspection, not all elements of this Quality Theme were looked at. We focussed mainly on the progress made in relation to requirements and areas for improvement and if these affected the outcomes for residents.

We were shown plans to develop areas of the services to a good standard. This included fixtures and fittings and redesigning the layout in the reception area. However the development plan did not include ensuite and bathroom areas as we identified at the last inspection.

This means an area for improvement previously made has been repeated.

(See area for improvement 1)

The environment was generally clean, bright and fresh smelling.. Garden areas and outdoor spaces were pleasant and were enjoyed by some service users during the time of the last inspection. We highlighted that some of the outdoor furniture required replacing at the last inspection and this had been rectified immediately. We saw some improvements in relation to the outdoor seating to the front of the building.

The service continued to use suitable equipment where these had been assessed as required to help ensure the safety, wellbeing and independence of people using the service.

At the last inspection we were satisfied that regular checks and repairs were carried out on areas and equipment within the home. This helped make sure the environment was safe and maintained to an acceptable standard for people to live in.

We saw that work had been completed on treatment room areas and floor coverings had been upgraded.

The manager advised us of the planned replacement of the carer alert system.

### Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 1

1. Areas of the main building should be improved upon as a matter of priority specifically ensuite and bathroom areas. In doing so the development plan should demonstrate timescales in which areas for development will be addressed.

This ensures care and support is consistent with the Health and Social Care Standards 5.21 I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices and 5.22 I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

**Grade:** 4 - good

## Quality of staffing

### Findings from the inspection

Given that this was originally a follow up inspection, not all elements of this Quality Theme were looked at. We focussed mainly on the progress made in relation to requirements and areas for improvement and if these affected the outcomes for residents.

At the previous inspection we reviewed files of staff recently recruited by the service. We found staff were appropriately and safely recruited in line with best practice guidelines. The service maintained a register of staff registered with professional bodies, namely the Scottish Social Services Council (SSSC) and Nursing and Midwifery Council (NMC), and we found staff were appropriately registered. We will review this again fully at the next inspection.

The service had employed two new Clinical Leads. We spoke with one of them who discussed the support they had both received and offered to junior staff.

We acknowledged progress made in relation to staff receiving regular supervision sessions however this was still not fully implemented and remained a work in progress.

This means an area for improvement previously made has been repeated.

(See area for improvement 1)

We observed a lack of engagement by some staff with residents at a time when they were in a communal area supervising. The manager told us of plans they had to help develop the leadership potential for staff such as staff undertaking the specific training courses. Staff had also been designated as champions however this had not been fully implemented.

This means an area for improvement previously made has been repeated.

(See area for improvement 2)

From the recent staff questionnaire which had been completed, some of the comments reflected that leadership needed to be improved on.

Although we could see that staff had undertaken a range of training, we were concerned to see a number of staff had failed to pass a number of these on line courses. There was no evidence to show that management had considered this or that action had been taken to ensure the staff members were competent in this subject. We also noted that additional face to face training had been very limited over the last seven months. (See requirement 1)

## Requirements

### Number of requirements: 1

1. The provider must ensure all staff working in this care service receives training appropriate to their role and which is relevant to meet the health, safety and welfare needs of service users. In doing so the provider must ensure that training is monitored effectively and courses undertaken by staff have been passed within a reasonable timeframe to ensure competency. Any training which staff have undertaken should be evaluated to demonstrate that the training is effective and that staff apply what they have learned.

This is in order to comply with:

Health and Social Care Standards. 3.14 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. And, Regulations 4 (1) (a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale for implementation; 1 July 2019

## Recommendations

### Number of recommendations: 2

1. The service should follow a planned, systematic and structured approach to how supervision is carried out. This ensures care and support is consistent with the Health and Social Care Standards 3.14 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.

2. The management team should develop the leadership potential of staff more. This would enhance their knowledge and the quality of care and support given to residents. This ensures care and support is consistent with the Health and Social Care Standards 3.14 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.

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

Given that this was originally a follow up inspection, not all elements of this Quality Theme were looked at. We focussed mainly on the progress made in relation to requirements and areas for improvement and if these affected the outcomes for residents.

The evidence gathered at this inspection identified that there was a lack of progress made in relation to the requirements and areas for improvement made at the last inspection therefore the grade for this Quality Theme has reduced.

We acknowledged that the service had undertaken some audits which helped to identify areas for development; however these had not yet been effective in improving practice. This meant that not all actions identified had been put into place.

The completion of accident/incident records had improved since the last inspection, and included all relevant information surrounding the event. However, there was no overview of accidents/incidents for each unit which may have indicated ways to stop events reoccurring.

We took into consideration areas requiring improvement reported on within this report and how the quality assurance systems had not helped improve practice.

An area for improvement previously made has been upgraded to a requirement.

(See requirement 1)

Some of the comments from the recent questionnaire raised issues about leadership within the service. However there was no action plan developed to demonstrate what actions were to be taken to address these. The manager discussed how they were working on the action plan therefore we will review this at the next full inspection.

Clinical Improvement Meetings continued to help monitor any health concerns and help identify ways in which this could be improved upon. Minutes of meetings however were unclear as to the residents the information related to. The minutes did not show that all important clinical areas were covered such as an overview of residents' weights, pressure areas and care plans.

At the last inspection, we requested that the manager carry out a review of tasks staff undertake. This was because we identified that a significant amount of time taken by staff in each unit to administer medication which was not accounted for in the calculations of staff on duty on the floor delivering direct care hours. The manager discussed the current direct hours required to meet people's needs and the future plans for skill mix in each unit. Given that the review was still ongoing and had not yet been completed we will review this at the next inspection.

(See area for improvement 1)

## Requirements

### Number of requirements: 1

1. The provider must ensure that effective audits are carried out with sufficient information held and/or recorded to ensure the health and welfare of service users.

The provider should ensure that, where areas for improvement have been identified within the auditing system, there is sufficient information to show how risks have been minimised and progress made.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) Welfare of Users and 5 Personal Plans.

Timescale: to be completed by 1 May 2019



## Recommendations

### Number of recommendations: 1

1. A review of staff tasks should be completed to make sure there were enough direct care hours carried out by staff at all times to meet residents' needs.

This ensures care and support is consistent with the Health and Social Care Standards 4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

**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 must ensure care plans are legible and contain adequate and accurate information and assessments relating to service users' needs. In doing so, the care plans must be developed further to reflect:

- more person centred information and preferences of service users and how these will be met in full
- residents' capacity or where next of kin hold specific legal powers up to date clinical assessments
- six monthly minimal care reviews.

Timescale for implementation: To be completed by 18 May 2018.

**This requirement was made on 12 January 2018.**

### Action taken on previous requirement

Since the last inspection we found that the quality of the care plans continued to be inconsistent and a number of areas still required improvement.

(See requirement 1, Quality Theme 1)

**Not met**

### Requirement 2

The Provider of the care service must ensure that medication is administered as instructed by the **prescriber** and in line with the resident's daily routine. In doing so, the Provider must ensure that:

- Medication is administered as instructed by the prescriber and appropriate records are kept to demonstrate this
- Clear records of reasons and outcomes are recorded to reflect the administration of as required medications

- Medication is given in a manner that allows the service users to get the intended benefit of the medicine and is given in line with manufacturers guidelines
- Where a regular medicine is not given as prescribed a reason for this must be clearly annotated on the MAR chart. Any annotations used on the MAR chart should be clearly defined.
- Handwritten entries must contain two staff signatures and reference the clinician making the changes or the date when the instruction had been made.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, and (b) provide services in a manner which respects the privacy and dignity of service users.

Timescale for implementation: To commence within 24 hours of receipt of this report and concluded by 18 May 2018.

**This requirement was made on 12 January 2018.**

### Action taken on previous requirement

We continued to find concerns surrounding the Medication Administration Records.  
(See requirement 2, Quality Theme 1)

**Not met**

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

### Previous recommendations

#### Recommendation 1

The completion of accident/incident records should be improved to reflect all relevant information surrounding the event.

This ensures care and support is consistent with the Health and Social Care Standards 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".

**This recommendation was made on 12 January 2018.**

### Action taken on previous recommendation

We reviewed these and found them to be satisfactory.  
This area for improvement has been met.

**Recommendation 2**

Records should be recorded accurately to reflect any pressure relief which is undertaken during periods of sitting up as well as in bed.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states "My care and support meets my needs and is right for me"

**This recommendation was made on 12 January 2018.**

**Action taken on previous recommendation**

Pressure relief records had not been completed to a satisfactory level therefore this area for improvement has not been met.

(See area for improvement 1, Quality Theme 1)

**Recommendation 3**

Records should be recorded accurately to reflect fluid intake and relevant daily targets.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states "My care and support meets my needs and is right for me"

**This recommendation was made on 12 January 2018.**

**Action taken on previous recommendation**

Fluid target records were not always completed to a satisfactory standard, therefore this area for improvement has not been met.

(See area for improvement 2, Quality Theme 1)

**Recommendation 4**

The service should improve the provision of activities people can become involved in on a daily basis within the service. In doing so, this should also include consultation with people within the service to ensure that meaningful activities are promoted that reflect their personal preferences and promote the independence of each individual person.

This ensures care and support is consistent with the Health and Social Care Standards 1.25 which states "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors".

**This recommendation was made on 12 January 2018.**

**Action taken on previous recommendation**

From our observations and records we concluded activities were still limited for people therefore this area for improvement has not been met.

(See area for improvement 4, Quality Theme 1)

**Recommendation 5**

Effective action plans should be completed to demonstrate how any issues identified through audits are followed up within reasonable timescales.

This ensures care and support is consistent with the Health and Social Care Standards 4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

**This recommendation was made on 23 October 2018.**

## Action taken on previous recommendation

We acknowledged that the service had undertaken some audits which helped to identify areas for development; however these had not yet been effective in improving practice. We took into consideration areas requiring improvement reported on elsewhere within this report and how the quality assurance systems had not helped improve practice.

This area for improvement has been upgraded to a requirement at this inspection.  
(See requirement 1, Quality Theme 4)

## Recommendation 6

A review of staff tasks should be completed to make sure there were enough direct care hours carried out by staff at all times to meet residents' needs.

This ensures care and support is consistent with the Health and Social Care Standards 4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

**This recommendation was made on 23 October 2018.**

## Action taken on previous recommendation

Given that the review had not yet been completed, this area for improvement has not been met and we will review progress made at the next inspection.

(See area for improvement 1, Quality Theme 4)

## Recommendation 7

The service should follow a planned, systematic and structured approach to how supervision is carried out. This ensures care and support is consistent with the Health and Social Care Standards 3.14 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.

**This recommendation was made on 23 October 2018.**

## Action taken on previous recommendation

We acknowledged progress made in relation to staff receiving regular supervision sessions however this was still not fully implemented therefore this area for improvement has not been met.

(See area for improvement 1, Quality Theme 3)

## Recommendation 8

The management team should develop the leadership potential of staff. This would enhance their knowledge and the quality of care and support given to residents.

This ensures care and support is consistent with the Health and Social Care Standards 3.14 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.

**This recommendation was made on 23 October 2018.**

## Action taken on previous recommendation

We acknowledged progress made in relation to staff receiving regular supervision sessions however this was still not fully implemented therefore this area for improvement has not been met.

(See recommendation 2, Quality Theme 3)

## Recommendation 9

Areas of the main building should be improved upon as a matter of priority specifically ensuite and bathroom areas. In doing so the development plan should demonstrate timescales in which areas for development will be addressed.

This ensures care and support is consistent with the Health and Social Care Standards 5.21 I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices and 5.22 I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

**This recommendation was made on 23 October 2018.**

### Action taken on previous recommendation

This remained a work in progress therefore this area for improvement has not been met.  
(See area for improvement 1, Quality Theme 2)

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
18 Jul 2018	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and leadership 4 - Good
12 Jan 2018	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership Not assessed
9 Feb 2017	Unannounced	Care and support Not assessed

Date	Type	Gradings	
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
21 Sep 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
22 Feb 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
8 Oct 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
26 Mar 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
25 Sep 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
3 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate
5 Sep 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
19 Feb 2013	Unannounced	Care and support	4 - Good

Date	Type	Gradings	
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
10 May 2012	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
23 Nov 2011	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
16 Jun 2011	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	3 - Adequate
7 Mar 2011	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
1 Jun 2010	Announced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
23 Nov 2009	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
23 Jun 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
9 Jan 2009	Unannounced	Care and support	4 - Good

Date	Type	Gradings	
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
12 Aug 2008		Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good



## 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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto: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 ਵਿਚ 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.