

The Beeches Care Home Service

14 Paddock View
Thorntoun Estate
Crosshouse
Kilmarnock
KA2 0BH

Telephone: 01563 572626

Type of inspection:

Unannounced

Completed on:

7 February 2019

Service provided by:

Thorntoun Limited

Service provider number:

SP2003002275

Service no:

CS2004070909

About the service

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The Beeches is owned and operated by Thorntoun Ltd and is registered with the Care Inspectorate to provide a care home service to ten people aged over 18 years with physical disabilities and health conditions who do not require on site or on call nursing care.

The Beeches is a purpose-built care home and has ten spacious bedrooms with en suite facilities, some rooms have adaptations to aid the safe transfer of individuals. The property further benefits from a dining kitchen, lounge and enclosed outdoor space. The service is situated on the Thorntoun estate between the villages of Crosshouse and Springside on the main bus route to Kilmarnock, in addition, some individuals have their own vehicles and the service has shared use of a minibus.

The stated aim of the service is to deliver the highest quality of support achievable to each person living in the house, based on the right of every person to have his or her ethnic and human rights, cultural diversity and individuality recognised, valued and respected.

There were seven individuals residing at the service during our inspection visit.

What people told us

We met all those living in the service at the time of the inspection and received feedback from two relatives of people living in the service.

We observed interactions between staff and people using the service, especially where individuals were unable to communicate verbally with us

Overall the feedback we received was positive and we saw that there were respectful and warm relationships evidencing staffs knowledge of people's needs and preferences.

We have taken account of the views of people using the service and their relatives when commenting on each of the quality themes.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staffing?	not assessed
How good is our setting?	not assessed

How well is our care and support planned?	not assessed
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We observed that staff interactions with people they supported were warm, respectful and caring. We also noted that there was some very positive feedback from relatives to the service.

People using services should have a personal plan which is right for them because it sets out how the persons needs will be met as well as their wishes and choices. We have acknowledged that this is an area staff have been working on to improve, however current plans we sampled still failed to give up to date information, identify outcomes or sufficient information on how to meet people's health needs. We noted an example of where information had not been recorded or risk assessed as a result of a significant injury.

This means that there is a lack of information for staff supporting the person to help prevent further injuries and keep them safe (requirement 1).

We saw that the service has been invested in some new resources to support more meaningful activities within the service as well as trying to ensure there are increased opportunities to get out and about. Staff are still waiting to complete training (dates have been booked) which will further support their confidence and competence in engaging, communicating with and providing meaningful activity for people with complex needs. This will help support positive outcomes for individuals and help them to get the most out of life (area for improvement 2 and 3).

We concluded that issues with recruitment, induction, training and registration of staff have the potential to impact on people being kept safe and achieving positive outcomes.

(see previous report and outstanding requirements and areas for improvement).

Whilst the staffing levels are now meeting the basic needs of people, the manager should consider how they can evidence (through the use of a dependency assessment tool) that staffing numbers and deployment are sufficient to ensure positive outcomes for people (area for improvement 1).

Requirements

1. To ensure staff have the right information to meet people's needs and keep them safe, the manager should ensure that support plans have:
 - 1) sufficient details about people's health (including mental health) needs and the support required with these.
 - 2) Protocols which reflect good practice guidance in relation to the administration of as required medication.
 - 3) reflect the current needs of the individual and provide staff with appropriate guidance on how to best support them and manage any risks presented.
 - 4) Clear outcomes for individuals
 - 5) Signposting to additional documents such as risk assessments, protocols and management plans.

This is to ensure that care and support is consistent with the national 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)

And

I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me (3.5)

Timescale for completion: 1st May 2019

Areas for improvement

1. The provider must evidence how staffing levels are assessed to ensure health, safety and positive outcomes for those using the service.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

My needs are met by the right number of people (HSCS 3.15)

And

I can choose to have an active life and participate in a range of recreational, social, creative and learning activities everyday both indoors and outdoors. (HSCS 1.25)

2. To demonstrate a progressive approach, staff at the service should be conversant with the most up to date, innovative and effective advances in communication aids and approaches to support people who do not have verbal communication.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

"I am supported to communicate in a way that is right for me, at my own pace and by people who are sensitive to me and my needs". (HSCS 2.8)

3. The manager should evidence how people are better supported to take part in activities, be engaged and stimulated. This is to ensure that people are able to choose to participate in a range of activities suited to their needs and that contribute to their physical and mental wellbeing, and that staff are appropriately trained to support people achieve this.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities everyday, both indoors and outdoors (HSCS 1.25)

And

I can maintain and develop my interests, activities and what matters to me in the way that I like. (HSCS 2.21)

How good is our leadership?

2 - Weak

People should benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes. This remains an ongoing area for development for the service. Whilst we saw some developments in the form of new templates for auditing care plans, supervision sessions and feedback questionnaires, these either have not been used yet or have not had chance to be assessed to evaluate how effective they are.

We saw the manager had developed an improvement plan for the service, however we felt this was too long and didn't help focus on some of the required improvements in order to address the outstanding requirements and recommendations. We discussed with the manager how they could improve this to make it more effective and robust.

Whilst this inspection has seen some positive developments being planned and begun, the pace of change has been slow. We made six requirements and seven recommendations (now known as areas for improvement) in the last inspection report with some of these being outstanding from previous reports. Only one requirement has been met (see outstanding requirements and areas for improvement for details).

Appropriate management overviews of key areas such as training and staff registration (Scottish Social Services Council registration for support staff) remains an area for development as they are still not sufficient to enable a clear and current overview and identify any gaps.

Requirements

1. To support the identification of areas requiring action and the continuous improvement of the service, the manager should ensure that robust quality assurance processes are in place. This includes (but not limited to):

- 1) Further development of audit documents to formalise them across all areas, ensuring that standards/expectations are clearly identified.
- 2) Actions taken to address issues raised are clearly identified.
- 3) There is a local quality assurance policy and procedure in place detailing process and systems used.

This is to ensure that care and support is consistent with the national 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)

Timescale for completion: 1st May 2019

Areas for improvement

1. The provider needs to ensure that there is sufficient governance, support and development available to the manager of the service to ensure that care and support is consistent with the national health and social care standards which state that:

I use a service and organisation that are well led and managed. (HSCS 4.23)

2. The manager should ensure that the service development plan supports the understanding of what issues need addressing and the actions required to take the service forward, including who is responsible for these and how they will know when this has been achieved.

This is to ensure that care and support is consistent with the national 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)

And

I use a service and organisation that are well led and managed. (HSCS 4.23)

3. The manager should ensure that the service has up to date, relevant policies and procedures in place to inform and guide staff.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11)

How good is our staff team?

not assessed

Whilst we did not assess staffing at this inspection there remains unmet requirements and recommendations from the previous report which we have repeated in this report.

(see outstanding requirements and areas for improvement for details).

Requirements

1. The provider must ensure that all staff have the knowledge and skills to meet the needs of the people they are supporting.

In order to achieve this, the provider should consider:

(i) A training needs' analysis which takes the aims and objectives of the service and the needs of people using the service into account should be undertaken for all staff employed by the service.

(ii) The training plan details numbers and designations of staff, the dates when each course was last completed and when training or refresher training is to be delivered.

(iii) A formal induction process is implemented and recorded

(iv) Full and accurate records of training, including induction training, are maintained in a format which permits auditing by management and regulators.

This is to ensure that care and support is consistent with the national 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 (3.14).

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).Regulation 15(a)(b) (i)(ii) - Staffing

And

SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale for completion 1st May 2019

2. The provider must evidence practice in line with safer recruitment procedures to safeguard people who use the service and meet legal requirements.

In order to demonstrate this:

- the recruitment policy and practice must be updated and strengthened to reflect best practice guidance 'Safer Recruitment through Better Recruitment' (Scottish Government, updated 2016).
- quality assurance processes must monitor and check that recruitment approaches are being carried out in line with the best practice.

This ensures that care and support is consistent with the Health and Social Care Standards, which state

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

It is also necessary to comply with Regulation 9 (1) (Fitness of Employees) of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: by 1 April 2019.

3. The provider must ensure that all staff are appropriately registered with the SSSC (or other regulatory body where appropriate). The manager should maintain an overview of staffs registrations and when these are due for renewal to ensure that they are acting in accordance with current requirements and legislation.

This is to ensure that care and support is consistent with the national 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 (3.14).

and to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).Regulation 15(a)(b) (i)(ii) - Staffing

And

SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale - 1st April 2019

Areas for improvement

1. To support the personal and professional development of staff, the manager should ensure that supervision and appraisals are undertaken as per the organisations policy.

The manager should also ensure that the quality and content of these is consistent and evidences discussion of relevant areas including the planning and reviewing of actions to be taken forward.

This is to ensure that care and support is consistent with the national 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 (3.14).

2. To promote and safeguard the rights of people who are assessed as lacking capacity to make decisions, including those subject to Guardianship orders and power of attorney, the manager should ensure that staff practices are underpinned by the current legislation and best practice in this area.

This should include that staff are conversant with the Mental Welfare Commission Publication Rights, Risks and Limits to Freedom, the Adults with Incapacity (Scotland) Act 2000 and relevant publications from the Office of the Public Guardian.

This is to ensure that care and support is consistent with the national 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 (3.14).

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

This key question was not assessed.

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

Requirements

Requirement 1

1. The provider must ensure that staffing levels are sufficient to meet the assessed health and social care needs of those using the service. The provider must evidence how staffing levels are assessed to ensure health, safety and positive outcomes for those using the service.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

My needs are met by the right number of people (HSCS 3.15)

And

I can choose to have an active life and participate in a range of recreational, social, creative and learning activities everyday both indoors and outdoors. (HSCS 1.25)

And to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments: SSI 2011/210 regulation 15(a)

Timescale for completion: 1st October 2018

This requirement was made on 21 August 2018.

Action taken on previous requirement

Whilst the staffing levels are now meeting the basic needs of people, the manager should consider how they can evidence (through the use of a dependency assessment tool) that staffing numbers and deployment are sufficient to ensure positive outcomes for people. We saw that a dependency assessment tool is now being used, however this appeared to be basic and focussed on clinical tasks and doesn't include scope to provide meaningful activity.

This requirement has been met but we have continued to make this an area for improvement.

Met - within timescales

Requirement 2

To ensure staff have the right information to meet people's needs and keep them safe, the manager should ensure that support plans have:

- 1) sufficient details about people's health (including mental health) needs and the support required with these.
- 2) Protocols which reflect good practice guidance in relation to the administration of as required and rescue

medication.

3) reflect the current needs of the individual and provide staff with appropriate guidance on how to best support them and manage any risks presented.

4) Clear outcomes for individuals

5) Signposting to additional documents such as risk assessments, protocols and management plans.

This is to ensure that care and support is consistent with the national 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)

And

I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me (3.5)

Timescale for completion: 1st January 2019

This requirement was made on 21 August 2018.

Action taken on previous requirement

Work has been ongoing to update and improve care plans, however we did not see any improvements in this area. Files we sampled still contained information that was not up date, not outcome focussed and contained insufficient information on people's health needs and how to support them.

We saw that improvements had been made to protocols for rescue medication so we have removed this from the requirement which has been repeated (see key question 1)

Not met

Requirement 3

1. The provider must ensure that all staff have the knowledge and skills to meet the needs of the people they are supporting.

In order to achieve this, the provider should consider:

(i) A training needs' analysis which takes the aims and objectives of the service and the needs of people using the service into account should be undertaken for all staff employed by the service.

(ii) The training plan details numbers and designations of staff, the dates when each course was last completed and when training or refresher training is to be delivered.

(iii) A formal induction process is implemented and recorded

(iv) Full and accurate records of training, including induction training, are maintained in a format which permits auditing by management and regulators.

This is to ensure that care and support is consistent with the national 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 (3.14).

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).Regulation 15(a)(b) (i)(ii) - Staffing

And

SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale for completion 1st January 2019

This requirement was made on 21 August 2018.

Action taken on previous requirement

We met with the new training manager who will support the manager to address the areas in this requirement. The manager had a spreadsheet to keep an overview of training but this was not up to date and information was unreliable when compared to verbal information.

It was good to see that some training had been booked in to upskill staff in areas that are key to their day to day practice. A full training needs analysis would support the manager to further identify what training should be made available to staff given the needs of people they support.

Where new staff had started, they had not undertaken an effective induction programme or had their competency assessed which had the potential to lead to poor outcomes for people using the service.

Not met

Requirement 4

The provider must evidence practice in line with safer recruitment procedures to safeguard people who use the service and meet legal requirements.

In order to demonstrate this:

- the recruitment policy and practice must be updated and strengthened to reflect best practice guidance 'Safer Recruitment through Better Recruitment' (Scottish Government, updated 2016).
- quality assurance processes must monitor and check that recruitment approaches are being carried out in line with the best practice.

This ensures that care and support is consistent with the Health and Social Care Standards, which state:

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

It is also necessary to comply with Regulation 9 (1) (Fitness of Employees) of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: by 1 November 2018.

This requirement was made on 21 August 2018.

Action taken on previous requirement

Recent recruitment information evidenced that the manager was still failing to follow safer recruitment guidance.

Not met

Requirement 5

The provider must ensure that all staff are appropriately registered with the SSSC (or other regulatory body where appropriate). The manager should maintain an overview of staffs registrations and when these are due for renewal to ensure that they are acting in accordance with current requirements and legislation.

This is to ensure that care and support is consistent with the national 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 (3.14).

and to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).Regulation 15(a)(b) (i)(ii) - Staffing

And

SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale - 1st November 2018

This requirement was made on 31 January 2018.

Action taken on previous requirement

Some staff required to ensure that their work details were correct with the SSSC as they had not updated information when moving from another service. We also noted that applications were not being made in time to meet the 6 month cut off when new to the role.

Whilst there had been some efforts made to improve this, managers were still not maintaining sufficient overviews to ensure all staff were appropriately registered.

Not met

Requirement 6

To support the identification of areas requiring action and the continuous improvement of the service, the manager should ensure that robust quality assurance processes are in place. This includes (but not limited to):

- 1) Further development of audit documents to formalise them across all areas, ensuring that standards/ expectations are clearly identified.
- 2) Actions taken to address issues raised are clearly identified.
- 3) There is a local quality assurance policy and procedure in place detailing process and systems used.

This is to ensure that care and support is consistent with the national 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)

Timescale for completion: 1st January 2019

This requirement was made on 21 August 2018.

Action taken on previous requirement

see key question 2 for information.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To demonstrate a progressive approach, staff at the service should be conversant with the most up to date, innovative and effective advances in communication aids and approaches to support people who do not have verbal communication.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

"I am supported to communicate in a way that is right for me, at my own pace and by people who are sensitive to me and my needs". (HSCS 2.8)

This area for improvement was made on 1 April 2017.

Action taken since then

training has been booked to support engagement and communication, however further work will be ongoing in this area to ensure people get the most out of life and they are given opportunities to meaningfully communicate their views, needs and choices.

This remains an area for improvement and is repeated in this report.

Previous area for improvement 2

The manager should evidence how people are better supported to take part in activities, be engaged and stimulated. This is to ensure that people are able to choose to participate in a range of activities suited to their needs and that contribute to their physical and mental wellbeing, and that staff are appropriately trained to support people achieve this.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities everyday, both indoors and outdoors (HSCS 1.25)

And

I can maintain and develop my interests, activities and what matters to me in the way that I like. (HSCS 2.21)

This area for improvement was made on 21 August 2018.

Action taken since then

See key question 1 for further information.

We have seen some positive moves forward in this area but further work is needed to ensure there is stimulation and opportunities for meaningful engagement, activities and community presence.

This remains an area for improvement and is repeated in this report.

Previous area for improvement 3

To support the personal and professional development of staff, the manager should ensure that supervision and appraisals are undertaken as per the organisations policy.

The manager should also ensure that the quality and content of these is consistent and evidences discussion of relevant areas including the planning and reviewing of actions to be taken forward.

This is to ensure that care and support is consistent with the national 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 (3.14).

This area for improvement was made on 31 January 2018.

Action taken since then

The manager is introducing a new supervision format to hopefully improve the quality of the sessions. This includes a supervision contract to each party knows what their responsibilities are. Due to the time passed since the last inspection we are unable to tell if this is now being undertaken as per the organisations policy. We will follow up on this at the next inspection.

Previous area for improvement 4

To promote and safeguard the rights of people who are assessed as lacking capacity to make decisions, including those subject to Guardianship orders and power of attorney, the manager should ensure that staff practices are underpinned by the current legislation and best practice in this area. This should include that staff are conversant with the Mental Welfare Commission Publication Rights, Risks and Limits to Freedom, the Adults with Incapacity (Scotland) Act 2000 and relevant publications from the Office of the Public Guardian.

This is to ensure that care and support is consistent with the national 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 (3.14).

This area for improvement was made on 1 April 2017.

Action taken since then

Initial training in this area has taken place with managers and senior staff. This was well received and it is planned to roll this out to the rest of the staff team. We will follow this up at the next inspection.

Previous area for improvement 5

The provider needs to ensure that there is sufficient governance, support and development available to the manager of the service to ensure that care and support is consistent with the national health and social care standards which state that:

I use a service and organisation that are well led and managed. (HSCS 4.23)

This area for improvement was made on 21 August 2018.

Action taken since then

There has been a change in the management structure of the organisation since the last inspection which should help the manager have more support and governance. We discussed the need to ensure that there are sufficient development and support opportunities for the manager and that this will remain and are for development until those are more evident.

This remains an area for improvement and is repeated in this report.

Previous area for improvement 6

The manager should ensure that there is a service development plan in place which uses information gathered from quality assurance process, feedback from people using the service, inspections, contract monitoring etc to detail how the service will make improvements and continue to develop.

This is to ensure that care and support is consistent with the national 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)

And

I use a service and organisation that are well led and managed. (HSCS 4.23)

This area for improvement was made on 31 January 2018.

Action taken since then

See key question 2 for further information.

We have amended this area for improvement for this report going forward to emphasise the need for the plan to have better focus to support the manager and team meet the outstanding requirements and areas for improvement.

This remains an area for improvement.

Previous area for improvement 7

The manager should ensure that the service has up to date, relevant policies and procedures in place to inform and guide staff.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11)

This area for improvement was made on 31 January 2018.

Action taken since then

The organisation has brought into system for its policies and procedures. The manager needs to ensure that these have been appropriately amended to reflect the type of service provided and the staffs day to day practice.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate

1.3 People's health benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	not assessed

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