

## LiN Group Housing Support Service

83 Colinton Mains Road  
Edinburgh  
EH13 9DL.

Telephone: 0131 6231426

**Type of inspection:**

Unannounced

**Completed on:**

17 May 2019

**Service provided by:**

Redcroft Care Homes Ltd

**Service provider number:**

SP2012011773

**Service no:**

CS2012309381

## About the service

LiN Group is registered with the Care Inspectorate to provide a housing support service and support service (care at home) to adults with a learning disability living in their own homes and in the community.

At the time of the inspection there were 15 people being supported, 12 of whom lived in shared tenancies owned by the provider. These are Saorsa House, Lundie House (both Colinton area) and Roghain House (Kirkliston).

Roghain House currently has 24 hour nursing staff employed and supervised by the NHS who work in partnership with the registered manager, assistant manager, senior healthcare assistants and healthcare assistants.

There were good public transport links at the Edinburgh based houses where people are near to local shops, library, health clinic and leisure facilities. The house in Kirkliston is more rural being situated in its own grounds fairly close to local amenities.

The service aims 'to offer people with a learning disability unquestioning recognition of their full human rights, which include the right to dignity, privacy, choice and safety'.

## What people told us

We obtained the views of service users and their relatives by looking at the information in the returned care standards questionnaires, meeting service users and relatives in person during the inspection and via telephone contact.

Views about the quality of care and support were mixed, with some positive comments being made about the quality of individual staff and the assistant depute managers. There was also positive feedback about the accessibility of the service manager should relatives have any concerns they wished to discuss. Five out of eight respondents agreed that they were overall happy with the quality of support the service gave them.

Concerns were raised about the high turnover of staff and the effect this had on the continuity of care for service users and in two cases a lack of opportunity to have views heard through review meetings and support planning.

Feedback about the quality of provision at Roghain House indicated that there were still a lot of issues to be sorted out, such as the accessibility of transport and the development of the garden grounds to the benefit of the service users living there.

Comments included:

'I'm doing well thanks.'

'I went to visit the Scottish Parliament and I am going through to Glasgow soon and going on holiday. It is good here.'

'I am not happy about all aspects of my relative's care but I realise that in the times we are in, we have to accept what care is given, but there is always room for improvement. At the rate staff changes my relative cannot memorise all the different names. My relative thrives on routine and I would like them to be more involved in simple daily tasks and have more things to do. This would give them more one to one attention and adult communication.'

'Our relative has only been there for a short time. So far they have settled in well and the staff are great. We will have a better idea as time goes by of any concerns such as staff turnover and whether they are getting out enough.'

'My relative likes where they live as they have staff they like and trust on a daily basis. This means a great deal to us as a family in general and for my relative's 24 hour care. The team leader is excellent. We have regular review meetings and new equipment has been ordered to support mobility. Holidays are also getting planned. There have been quite a lot of changes to staff but there are the steady ones who are consistently here for my relative.'

'Care plan has not been reviewed and updated for some time. I am happy with the individual care workers who visit and provide the care but I have had little contact from the main office management. There is no process in place to agree the hours of care provided.'

'Our relative is very happy where they live but due to changes did not have as much to do and was spending a lot of time in the house and we were not happy about this. The situation is improving though and there is a great support worker who has really connected with our relative and has been planning activities and outings which interests them. We have regular review meetings and I am encouraged to speak my mind which I do. The staff turnover has been incredibly high so that is not good and needs sorted. Our relative likes their room and has it all done the way they like it. The garden needs a lot of work and we pay a certain amount each month towards this. It is not in a great state at the front of the house particularly.'

'Two of the carers are phenomenal. They are so caring, attentive and kind. I feel that there are big divides between the nursing staff and care staff so that is not good. I have not seen the provider for a while to discuss things though we have a review meeting this week. I still don't have a tenancy agreement or support agreement to let me know what I am paying for. I don't get a proper written receipt either. We were assured that the garden would be made accessible for all the service users moving here. There was supposed to be a sensory garden and it was supposed to be accessible for wheelchairs but the ground sinks. Transport is a big issue too and I worry about emergency services being able to get down that narrow road and for the safety of my relative when out in their wheelchair going round the corner of the narrow road. I have been involved in the care plans for my relative and visit regularly.'

## Self assessment

The Care Inspectorate are not requesting self assessments from providers for this inspection year. Issues relating to quality assurance, taking into account feedback from people using the service and information from the service's own development plan, are considered throughout the inspection.

From 1 April 2018 the new 'Health and Social Care Standards' have replaced the National Care Standards. The new Standards focus on the outcomes for people who use services. Providers should be offering support in accordance with the guidance outlined therein.

## 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

The quality of care and support has been graded as adequate because although there had been some progress made since the previous inspection, there were still areas that needed to be fully addressed to ensure that all service users enjoy a consistently high quality of care and support.

The service had made progress in organising and holding six monthly review meetings for service users. This meant that the majority of people supported had the opportunity for their health and social support needs to be discussed and planned for and to have their views heard. There had also been progress made in making sure support plans were up to date, that information was easy to access and contained detailed information about service users' individual health and support needs. A relative told us that they had been involved in developing the support plans and that they were happy with the information in them for staff to follow.

There were two people supported who had not had review meetings for a considerable period. Their support plans and care documentation also needed to be reviewed. Although the service was in the process of rectifying this at the time of inspection, we could not evidence that the previous requirement had been met in full and have therefore continued this with a revised timescale for completion. **(See requirement 1)**

The quality of care planning, review information and recording varied across the service provision and needed to be standardised across all areas of the service. This is so that the service can evidence that outcomes for all service users are being regularly monitored and needs, interests and wishes planned for. Although some progress had been made in making sure plans were detailed and up to date, we found this varied across the service and have therefore continued the previous requirement to ensure this is fully evidenced. **(See requirement 2)**

Hospital passports were in place for people to guide hospital staff in how best to support them. Some of the hospital passports would benefit from being updated with more detail added into the communication sections in particular. This will assist health professionals in understanding people's individual needs better when they are going for any hospital treatment.

There needed to be robust quality assurance measures put in place to check the quality of support planning and review information. The service had developed a care planning matrix to enable them to monitor the frequency of reviews and help people supported and their relatives prepare for review meetings. It was not clear whether copies of review minutes had been sent to people involved following review meetings for them to check that the information was an accurate reflection of discussions and decisions reached.

A pictorial format service user feedback form was being developed to gain the views of people supported. A relative's survey form had also been developed and was to be used to gain the views of relatives and representatives about the quality of support. The feedback from people supported and their representatives should be used to inform the service's improvement plan.

The service had developed a weekly monitoring sheet to capture outcomes for people supported. This, if used consistently, will help to evidence that people are being supported to reach their potential and have their individual interests planned for and supported in line with their support agreement. The service should encourage all service users and their relatives/representatives to participate in support planning and sign support plans and review meeting documentation.

## Requirements

**Number of requirements:** 2

1. In order to ensure that service users have their needs regularly reviewed, discussed and planned for, the provider must by 31.07.19 ensure that all service users and their representatives have review meetings on a minimum six-monthly basis thereafter.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).**

**It is also necessary to comply with Regulation 5.1 Personal Plans, of the Social Care and Social Work Improvement Scotland Regulations 2011.**

2. In order to ensure that all people supported have their current health and social support needs clearly detailed in their personal plans, the provider must by 31.07.19 carry out a full audit of the plans to ensure that the information in the personal plans is up to date and regularly reviewed when needs change. This is to include moving and assistance, nutrition, skin care plans, behavioural support plans and risk assessments.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 1.13).**

**It is also necessary to comply with Regulation 5.1 Personal Plans, of the Social Care and Social Work Improvement Scotland Regulations 2011.**

## Recommendations

**Number of recommendations:** 0

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

Staff we consulted evidenced good values and commitment to the people they supported. We heard some very positive feedback about specific members of staff and the caring and compassionate way they supported people. Staff consulted spoke about the people they supported in a respectful way and clearly wanted improved outcomes for them.

Staff feedback indicated that there were several issues that needed improvement. These included having access to regular supervision and opportunities to meet as a team and share ideas for service development. While some staff had received opportunities to train and develop, others had not enjoyed regular training and development to support them in their roles. There had been difficulties in freeing up staff development time due to staff shortages. Staff were moving between services and some were working long hours and were given their

working rotas at short notice. This was not conducive to staff retention and was leading to staff feeling tired and undervalued by the organisation.

The staff training plan showed gaps in training and some outstanding training needed to be organised and delivered to ensure that all staff had access to this. This is to ensure that all staff get the right level and type of training to meet the individual needs of the people they support. There was online training but this needed to be followed up with recorded practice monitoring. The staff training and development plan needed to evidence the practical training that staff had received and to be linked to a staff induction and competency framework. Staff induction and probationary records needed to contain more detail and reflective accounts of staff practice to show how they were being supported to develop in their roles.

There was also training specific to the individual health and social support needs of service users that needed to be planned for and delivered. Staff training and development needed direction and planning in order to have consistency across the workforce. **(See recommendation 1)**

Staff had good ideas about ways to improve outcomes for people they supported but were constrained due to the availability of skilled and experienced staff:

'As much as I do enjoy my job, I feel right now that there are not enough hours in the day to do the job to the level of satisfaction I look for. The recruitment process is not producing many skilled staff therefore shadow shifts take longer and agency staff need to be used.'

Staff could be more involved in the development of support plans. This would help them gain the skills required for their registration with the Scottish Social Services Council and their key working roles. We heard that in some cases plans were inaccessible and that staff did not feel involved in support planning.

Staff recruitment processes were now more robust and evidenced that prospective staff were being carefully vetted. There could be more involvement of service users in the recruitment process so that their views influence recruitment decisions. Staff contracts needed to be in place so that it was clear what their position was and when their contracts were issued.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. In order that service users can have confidence in the people who support and care for them, the provider should ensure that staff training and development records demonstrate that staff have the required training to meet the individual assessed needs of each person supported.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 'I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes. (Health and Social Care Standard. 3.14.)**

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

We heard positive feedback from the majority of people we consulted about the availability of the service manager if they needed to raise any issues about their support.

The service manager was very dedicated but had been stretched in fulfilling all aspects of the management and leadership role. This meant that there had been insufficient time and resources to ensure that quality assurance processes had been fully implemented across the whole service. **(See recommendation 1)**

There had been some progress made since the previous inspection in addressing requirements and recommendations, but there was still a way to go to evidence that service users were being supported to reach their full potential and had a consistently high standard of care and support.

Progress had been made in developing care planning monitoring systems to monitor the regularity of care reviews and there had been some progress made in having a recorded overview of staff training and any training outstanding. Communication systems had also improved for reporting incidents promptly and ensuring that notifications were made to the Care Inspectorate and local authority where required.

The high staff turnover had affected the continuity of care and support and the interview and vetting processes were taking up a lot of the service manager's time. Staff morale was found to be low in some parts of the service and staff conditions were not conducive to responsive care for service users. For instance we heard that staff worked long hours without a proper break and that support work could be intensive at times especially when there was a shortage of staff.

Staff told us that their direct line managers were very supportive, but overall there was a lack of faith in the higher management team which needed to be addressed. This is so staff feel valued and have a sense that their views are being heard and acted upon. Feedback from involved professionals raised concerns about the ability of the provider to meet the competency framework staff would require to support the ongoing needs of people living at Roghain House if on site nursing care is withdrawn. There had been a delay in getting staff the required training and staff competencies signed off by nursing staff and for staff to put their training into practice while skilled nurses were at the service. At the time of inspection several of the healthcare assistants had received recent training related to the specific health support needs of people they supported.

Rota planning needed improvement so that service users and staff had their rotas well in advance. We heard that rotas weren't issued until a few days before the support was to be carried out and there were often last minute changes. This meant that it was difficult for staff to have a health work/home life balance and meant that service users experience consistency and stability in the staff they relied on for support.

The management team acknowledged the issues raised by staff during the inspection and expressed that they wanted to rectify these issues. They hoped that the increased pay and improved conditions would help to retain staff. Team meetings and supervisions were not being carried out with regularity to evidence that staff had the opportunity to reflect on their practice and develop as a team. **(See recommendation 2)**

A service improvement plan had been started but needed to be used to monitor all aspects of service quality and demonstrate how feedback from service users and their representatives, staff and involved professionals has been used to plan and deliver improvements. **(See recommendation 3)**

Tenancy agreements and support hour agreements were not in place. There had been a delay in getting these finalised and signed off by service users and their representatives/welfare guardians. People have the right to know what their tenancy agreement covers and what they are paying for. People also have the right to a clear support agreement which lets them know how many individualised hours of support they have been assessed as needing and what the support is for. Some tenants would have a certain amount of shared hours of support - for example, if they needed a sleep over member of staff or waking night staff. However, this was not clear from the support plans sampled. We recommended that these documents be put in place at the previous inspection but are now making this a requirement which the provider must address. Service users' financial plans needed to be detailed to show that the person making financial decisions on their behalf has the legal authority to do so and to support them in managing their money. The plans must show that financial decisions made on a person's behalf are of benefit to the service user. This was in process but we need to see this clearly documented on each support plan. **(See requirement 1)**

## Requirements

### Number of requirements: 1

1. In order to ensure that service users know the conditions of their tenancy agreement and what they are paying for, have a clear support agreement which sets out the agreed hours of individual and shared hours of support, and clear financial support plans, the provider must by 31.07.19 ensure that these documents are in place for all people supported.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am supported to understand and uphold my rights.' (HSCS 2.3)**

**It is also necessary to comply with Regulation of the Social Care and Social Work Improvement Scotland Regulations 2011. 4.(1) (a) Welfare of users.**

## Recommendations

### Number of recommendations: 3

1. The provide should carry out regular quality assurance audits of service and ensure that all people supported have a consistently high quality of care and can have confidence that the service is well-managed.

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

2. The provider should take action to improve consistency and continuity of staffing across all parts of the service and look at ways to improve staff retention.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am supported and cared for by people I know so that I experience consistency and continuity.' (HSCS 4.16)**

3. The provider should continue to develop the service improvement plan so that it reflects the views and suggestions of people using the service, their representatives and of staff as to how the service could improve.



This is to be consistent with Health and Social Care Standards (HSCS) which state that 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

**Grade:** 3 – adequate

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

### Previous requirements

#### Requirement 1

In order to ensure that all people supported have their needs regularly reviewed, discussed and planned for the provider must by 1 November 2018, ensure that all people supported and their representatives have review meetings organised at an early stage after receiving the service and on a minimum six-monthly basis thereafter.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).

It is also necessary to comply with Regulation 5.1 Personal Plans, of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 12 November 2018.

#### Action taken on previous requirement

The service had made progress with this requirement but it has not been met in full as review information for two service users was not evidenced.

**Not met**

#### Requirement 2

In order to ensure that all people supported have their current health and social support needs clearly detailed in their personal plans, the provider must by 16 November 2018, carry out a full audit of the plans to ensure that the information in the personal plans is up to date and regularly reviewed when needs change. This is to include moving and assistance, nutrition, skin care plans, behavioural support plans and risk assessments.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 1.13).

It is also necessary to comply with Regulation 5.1 Personal Plans, of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 12 November 2018.

## Action taken on previous requirement

There had been a lot of progress made in getting some service users' plans up to date but this was not found to be the case for all people being supported. We have therefore continued this requirement.

**Not met**

## Requirement 3

In order to ensure that all people supported are safe and protected from harm, the provider must by 1 November 2018, ensure that all staff report adult support and protection issues promptly, and ensure that the relevant protection agencies and welfare guardians are informed.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am protected from harm, neglect, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).**

**It is also necessary to comply with Regulation 4.1 (a) Welfare of Users, of the Social Care and Social Work Improvement Scotland Regulations 2011.**

This requirement was made on 12 November 2018.

## Action taken on previous requirement

We found that any adult support and protection concerns and incidents detrimental to the welfare of service users were now being reported in line with best practice in this area.

**Met - within timescales**

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

## Previous recommendations

### Recommendation 1

The provider should improve medication recording in line with best practice guidance and regularly monitor staff practice in this area.

**This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'Any treatment or intervention I experience is safe and effective' (HSCS 1.24).**

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

## Action taken on previous recommendation

We found that medication was being well recorded and regularly monitored. This recommendation has been met.

## Recommendation 2

The provider should ensure that tenancy agreements and support agreements are in place and accessible to people supported and their representatives. Personal information must be stored in a secure place to respect people's privacy rights.

**This is to be consistent with the Health and Social Care Standards (HSCS) which state that 'I am supported to understand and uphold my rights' (HSCS 2.3).**

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

### Action taken on previous recommendation

Personal information was being stored securely. Tenancy and support agreements were not in place and these need to be accessible and in each person's personal plan. We have made a requirement about this under Quality of management and leadership.

## Recommendation 3

The provider should take action to improve consistency and continuity of staffing across all parts of the service and look at ways to improve staff retention.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).**

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

### Action taken on previous recommendation

There had been a high turnover of staff and staff were working across different services in some cases. Although some measures had been put in place to retain staff – such as improved pay there was still low staff morale and this needed addressed by the management team. This recommendation is continued under Quality of management and leadership.

## Recommendation 4

The provider should improve the quality of support to new staff during their probationary period by providing regular supervision, time to reflect on their practice and identify any training needs at an early stage.

**This is to ensure that staffing arrangements are consistent with the Health and Social Care Standards (HSCS) which state that 'I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes' (HSCS 3.14).**

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

### Action taken on previous recommendation

Induction and probationary records needed to be completed well and consistently across the service to evidence that staff have had the right quality of training, support and reflective supervision within a staff competency framework. This was still under development but was being progressed at the time of inspection. This recommendation has not met in full.

## Recommendation 5

The provider should ensure that best practice in safe recruitment is consistently followed including taking up of references and checking of qualifications.

**This is to ensure that staff recruitment and induction is consistent with the Scottish Social Services and Care Inspectorate best practice safe recruitment guidance and is consistent with Health and Social Care Standards (HSCS) which state that 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).**

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

### Action taken on previous recommendation

This recommendation had been acted upon and the files of newly recruited staff contained information to demonstrate that they had been carefully vetted. This recommendation has been met.

## Recommendation 6

The provider should ensure that staff training across all parts of the service is delivered and recorded in line with the staff training and development plan.

**This is to ensure that all staff have the training they need to support people safely and effectively and any further training needs effectively planned for. This is to ensure that practice is consistent with Health and Social Care Standards (HSCS) which state that 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).**

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

### Action taken on previous recommendation

A staff training plan was in place to record training delivered but it was difficult to see the practical training provided as the records recorded online training. There is still progress to be made to evidence that staff are receiving the training they need to meet the needs of all people supported. This recommendation has been partially met. See Quality of staffing.

## Recommendation 7

The provide should carry out regular quality assurance audits of service and ensure that all people supported have a consistently high quality of care and can have confidence that the service is well-managed.

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

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

### Action taken on previous recommendation

There was still progress to be made in carrying out quality assurance audits across all parts of the service. Some quality monitoring forms had been developed, such as supervision monitoring and care review monitoring but these needed to be used in practice. We discussed introducing a care plan monitoring sheet for managers to use to check all parts of the care planning process were being carried out well across the service. This recommendation has not been fully met and is continued in this report. See Quality of management and leadership.

## Recommendation 8

The provider should develop a comprehensive service improvement plan which takes the views of people using the service and/or their representatives into account.

**This is to be consistent with Health and Social Care Standards (HSCS) which state that 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).**

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

### Action taken on previous recommendation

A service improvement plan had been started but needed to be used to monitor all aspects of service quality and demonstrate how feedback from service users and their representatives, staff and involved professionals has been used to plan and deliver improvements. This recommendation has not been met in full and is continued under Quality of management and leadership.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](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
12 Sep 2018	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
29 Jun 2017	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good

Date	Type	Gradings	
7 Jul 2016	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good Not assessed
4 Jun 2015	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good 4 - Good
20 Jun 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good 4 - Good
14 Aug 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 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.