

Care service inspection report

North Ayrshire Council – Irvine Care at Home

Housing Support Service

Bridgewater House
Irvine
KA12 8BD

Inspected by: Mina Cassidy

Michael Hilston

Type of inspection: Announced (Short Notice)

Inspection completed on: 11 November 2011



HAPPY TO TRANSLATE

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Service provided by:

North Ayrshire Council

Service provider number:

SP2003003327

Care service number:

CS2008192553

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	3	Adequate
Quality of Staffing	3	Adequate
Quality of Management and Leadership	3	Adequate

What the service does well

North Ayrshire Council had recently completed a restructure of Home Care Services, this inspection took place within a few weeks of the restructure. Although some systems and processes required to be consolidated, the provider's aim to move towards delivering a single registered service from a central business unit, as opposed to five separately registered services was being achieved. A number of home care supervisors had been employed to support local home care managers and improve links and consultation with service users.

The provider had continued to develop individual pen pictures for service users which clearly detailed service users' needs and preferences.

There were good links with assessment and care management staff and local health services.

What the service could do better

We found that care reviews were not consistently taking place at the required 6 monthly intervals. We also found that the systems being used to record and track individual staff training were not accurately maintained.

The provider should ensure that action plans are available to show how service user's comments and views have been taken into account. This should include feedback from monitoring visits to ensure common themes are identified and addressed.

Some service users told us that there were times when they were not informed about a change of care staff or provider.

The provider should continue to progress with the programme of training to ensure that all personal carers attain the qualifications required to register with the SSSC (Scottish Social Services Council).

What the service has done since the last inspection

The provider had introduced individual service user pen pictures, compiled with the involvement of service users, relatives and personal carers. These pen pictures provided additional information to ensure that service users care needs and preferences were clearly documented and also provided clear guidance to care staff on how to meet service users' needs.

Conclusion

The provider continues to show a commitment to providing a quality service and to ensure that continued improvements are made.

Who did this inspection

Mina Cassidy

Michael Hilston

1 About the service we inspected

North Ayrshire Council Irvine Care at Home Service is an integrated housing support and care at home service, this includes a community alarm service. The service is provided by the local authority to support a wide range of people, including older people, families, some with children and people with disabilities of all ages. The local authority had recently changed the way they operated the care at home and housing support services and were moving to operating from central business unit. An application to vary the current registration for this service is being processed to reflect these changes.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 3 - Adequate

Quality of Staffing - Grade 3 - Adequate

Quality of Management and Leadership - Grade 3 - Adequate

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We wrote this report after an announced inspection that took place between 11th October 2011 and 11th November 2011 by Inspectors Mina Cassidy and Michael Hilston.

In the inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents including;

- * evidence from the service's most recent self assessment
- * support plans of people who use the service.
- * Diaries of Care
- * minutes of staff meetings
- * training records
- * individual risk assessments
- * medication procedures and records
- * questionnaires returned to the Care Inspectorate
- * the service's own quality surveys.

Care Inspectorate Care Standards Questionnaires

- * PDR records

- * Supervision system

- * discussions with;

managers

staff

people who use the service and relatives during telephone calls and home visits

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

Taking the views of people using the care service into account

We supplied the provider with 25 Care Inspectorate Care Standard Questionnaires to distribute to service users or relatives/carers, of which 9 were returned by service users. We also spoke with 8 of these service users by telephone and visited 2 service users in their own homes.

The service users we spoke to told us that personal carers were hardworking and caring. The comments were generally positive. Four of the ten people we spoke with told us there were some occasions when the personal carer had been changed with out prior notice and two people told us that the provider of their service was changed without prior notice. Two service users told us that on at least one occasion they had not received support, however, they had contacted community alarm services who were able to contact a personal carer to attend.

Service users told us that they had built very good relationships with care staff and gave examples of where home care staff had responded flexibly and sensitively to meet their needs.

Comments included:

'She is always cheery and brightens my day'

'I have always found them to be very caring and good at their job'

'There has been times when they are a wee bit late but there is always a good reason and I don't mind'.

'I wasn't very well and I got a bit more help until I was feeling better'

From the Care Standard Questionnaires 6 people stated they had a personal plan while 2 said they did not and 3 said they didn't know. 3 people stated that they did not know about the complaints procedure and 5 didn't know they could make a complaint to SCSWIS.

All of the respondents strongly agreed or agreed that they were happy with the quality of care and support provided.

Taking carers' views into account

We spoke to one carer by telephone who told us she was very happy with the quality of care her relative received. She told us that there had been at least two occasions, with significant time between each incident, when the carer had not arrived but her relative contacted the Community Alarm services who 'sorted it out'.

From the 15 Care Standard Questionnaires returned to the Care Inspectorate 6 were completed by Carers. All of them were aware of their relative having a personal plan. Three were unaware of the complaints procedure and 3 were not aware they could complaint to the SCSWIS.

All of the carers strongly agreed or agreed that they were happy with the quality of care and support provided.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Overall grade awarded for this theme: 3 - Adequate

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The grade achieved in the last inspection of 3rd September 2010 was 4 - Good. Although the provider had continued to develop participation methods, we found that care reviews were not consistently taking place at the required frequency and the statement was graded 3 - Adequate.

We concluded this from consulting with service users, staff and managers.

We also observed staff practice and sampled a range of record and documentation which included;

- Care Assessments
- Reviews
- Satisfaction surveys
- Care Standard Questionnaires
- Evaluations
- Records of monitoring visits
- Meetings with service users in sheltered housing
- Complaints policies and procedures
- Service agreements
- Information pack
- Thank you cards and letters

The provider had developed a number of consultation methods which included monitoring visits and quality surveys. Quality surveys were usually completed during monitoring visits. An analysis of the surveys had been completed showing positive levels of satisfaction with the quality of service provided.

Service users were involved in the initial assessment process to discuss areas of need and the level of support required.

Service users were provided with an information pack which included contact addresses and telephone numbers for homecare and other essential services.

Information was provided on how to make a complaint.

Some consultation had taken place with homecare service users living in sheltered housing complexes and some who attended day care centres. This gave homecare managers the opportunity to meet with groups of service users and listen to their views on the quality of the service and how it could be improved.

The service had copies of thank you cards and letters from service users and families being very complimentary about the quality of service provided.

The personal records of care we examined in service users own homes included a service agreement clearly outlining the service to be provided and were signed and dated by the service representative and the service user.

A significant number of monitoring visits had been carried out. This improved the opportunities for service users to express their views on the service and also ensured that their care and support needs continued to be met.

The manager of the service outlined a number of planned initiatives to further improve the type and frequency of consultation with service users and how this information would be used to further improve the service. The Care Inspectorate looks forward to seeing these initiatives in action in the next inspection.

Areas for improvement

The provider had a dedicated team who were responsible for carrying out annual service user reviews. However, we found that some reviews were out of date. The provider was establishing systems to ensure that 6 monthly reviews would take place to take account of the changes in legislation. (see requirement 1 for this quality statement)

Although the provider had good systems in place to analyse collated information they were not being used to their full potential. Although completed quality surveys were followed up if an issue was raised or area of concern expressed, there was no system to collate information from monitoring visits in order to identify patterns or common themes.

The responses made in quality surveys had been analysed however, there was no action plan showing how the areas for improvement identified would be addressed and the timescales to achieve. (see recommendation 1 for this quality statement)

A small number of service users and/or carers told us during our consultation with service users that there were some issues with communication between the provider and the service when changes were made to the care staff providing support. We were also told that although support was generally consistent during the week there could be late visits and a small number of missed visits at the weekend or during the

regular carer's holidays or unplanned absence. It was noted that service users who reported missed visits were able to summon assistance using the Community Alarm Service.

We felt, as an area for development, that consultation methods to seek the views of the relatives and carers of service users could be improved.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The provider must ensure that service user reviews take place at a minimum of 6 monthly intervals. This is in order to comply with; SSI 2011/210 Regulation 5 (2)(b) (iii) - a requirement to review personal plans at least once in every six months.
Timescale for implementation; from the date of publication of this report.

Recommendations

1. The service should ensure they develop and sustain the methods used to consult with service users in all aspects of the service. Action plans should be developed to show how expressed views and areas of concern are addressed. National Care Standards Support Services Care at Home Standard 11: Expressing Your Views.

Statement 3

We ensure that service user's health and wellbeing needs are met.

Service strengths

We sampled evidence against this quality statement and awarded a grade of 4 - Good.

We concluded this from consulting with service users, staff and managers.

We also sampled a range of record and documentation which included;

Care Assessments
Reviews
Satisfaction surveys
Care Standard Questionnaires
Risk assessments

Service users and/or their relatives were involved in the assessment process. All service users had a personal record of care completed and held in their own homes. The personal record of care included care assessments, risk assessments, daily notes

and a range of supplementary information.

The provider used the single shared assessment (SSA) process to record the outcome of assessments. Support plans/personal plans and reviews relating to the service user's home care needs and the level of support required was recorded within other parts of the SSA paperwork (SSA4 and SSA6).

The provider had introduced pen pictures for individual service users. These supported the information provided in the Single Shared Assessment documents. Pen pictures provided details of service users' needs and preferences in addition to providing direction to personal carers on how these needs should be met.

Communication between social work care managers and the home care team continued to be good and there was evidence in personal records of care that service users were supported to access arrange of community and health care services, if required.

The provider had commenced a review of current medication policies and procedures to ensure that service users were provided with the required level of support with their medication in accordance with current best practice.

Care staff had undertaken appropriate training such as the Home Care Practice Licence and Enhanced Care module to equip them with the skills and knowledge to meet service users' needs.

Personal carers confirmed that they were provided with appropriate supplies of personal protective materials such as uniforms, disposable aprons and gloves and antibacterial hand gels.

Areas for improvement

We found that some pen pictures were more detailed than others with some including details of the needs to be met and tasks to be completed during visits at specific times of the day. The service should continue to develop pen pictures and achieve a consistent standard for all service users. (see recommendation 1 for this quality statement).

The service should continue to introduce the new medication systems and ensure that all staff are appropriately trained to assist service users' to manage their medication as outlined in the revised medication procedures. (see recommendation 2 for this quality statement).

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The service should continue to develop pen pictures and achieve a consistent standard for all service users. National Care Standards Support Services Care at Home: Standard 3: Your Personal Plan
2. The service should continue to introduce the new medication systems and ensure that all staff are appropriately trained to assist service users' to manage their medication as outlined in the revised medication procedures. National Care Standards Support Services Care at Home: Standard 8: Keeping Well - Medication

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

The grade achieved in the last inspection of 3rd September 2010 was 4 - Good. Although the provider had continued to develop participation methods, we found that care reviews were not consistently taking place at the required frequency and the statement was graded 3 - Adequate.

We concluded this from consulting with service users, staff and managers.

We also observed staff practice and sampled a range of record and documentation which included;

- Care Assessments
- Reviews
- Satisfaction surveys
- Care Standard Questionnaires
- Evaluations
- Records of monitoring visits
- Meetings with service users in sheltered housing
- Complaints policies and procedures
- Service agreements
- Information pack
- Thank you cards and letters

Strengths relating to the quality of consultation with service users and their relatives are as stated in Quality Statement 1.1.

Service users and their relatives had the opportunity to express their views on the quality of staff in the quality surveys used by the service. Service users were also consulted about the quality of staffing during monitoring visits.

All of the thank you letters and cards sent to the service made specific comments about the dedication and commitment of staff.

The service users we visited or spoke with on the telephone all spoke very highly about the personal carers who supported them.

The Care Standards Questionnaires returned to the Care Inspectorate strongly agreed or agreed that staff had the skills to support them, that staff treated them with respect and that they knew the names of the staff who provided their support and care.

Comments made in the questionnaires included;

"I feel they are like an extended family"

"The carers who visit me are excellent, caring and most efficient"

Areas for improvement

The areas for improvement identified in Quality Theme 1 Statement 1 are also relevant to this quality statement.

The service should continue to improve and develop methods of consulting with service users and relatives particularly relating to the quality of staffing.

The service had made some efforts to involve service users in staff recruitment in the past however, this had not been sustained. The provider should develop ways to encourage service users and carers to participate in the recruitment process. The service should also consider how service users and/or relatives could be used in the staff training and development. (see recommendation 1 for this quality statement)

The manager of the service outlined proposals to include service users' views and comments in staff supervision. The Care Inspectorate looks forward to seeing how this has progressed in the next inspection.

The issue relating to care reviews not taking place at the required intervals has also influenced the grade awarded to this quality statement.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should develop ways to encourage service users and carers to participate in the recruitment process and should also consider how service users and/or relatives could be used in the staff training and development. National Care Standards Support Services Care at Home. Standard 4: Management and Staffing

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

The grade achieved in the last inspection of 3rd September 2010 was 4 - Good. We found that the service had maintained its performance for this statement and continued to grade 4 - Good.

We concluded this from consulting with service users, staff and managers.

We also observed staff practice and sampled a range of record and documentation which included;

Training records

Supervision Records

Training plan

6 Staff questionnaires returned to the Care Inspectorate.

North Ayrshire council had a training and development policy to support staff. Records showed that training was provided by North Ayrshire Council's Training Department, local Health Services and external providers. Records showed personal carers had undertaken training in areas such as moving and handling, food hygiene, dementia awareness, palliative care, dealing with aggression, Home Care Practice Licence and Enhanced Care module.

Personal carers confirmed that training was also provided by relevant health care staff to assist them to meet the needs of service users with specific needs such as Multiple Sclerosis, Huntington Disease or to use specialist equipment.

Staff practice and quality of work was monitored by homecare managers carrying out unannounced supervision visits to service users' homes.

Staff confirmed that they had received a copy of the Scottish Social services Council (SSSC) codes of practice. There was some awareness of the National Care Standards.

Personal carers confirmed they had the opportunity to attend team meetings. They told us that they were provided with good written information about service developments and reviews of policies and procedures.

The provider had carried out individual appraisals using North Ayrshire Council's Personal Development Review system.

Personal carers told us they were well supported by local managers. They told us that they had the opportunity to express their views and that these were taken into account.

Areas for improvement

At the time of this inspection the provider had just completed a review of the service to bring all home care services into one central business unit. This would include developing one centralised recording and tracking system for staff training and staff supervision. This was not completed at the time of the inspection and we found that some training records were not up to date. For example we found that some records of moving and handling training was out of date, yet those care staff we spoke to told they received refresher training annually. (see recommendation 1 for this quality statement)

We sampled individual training records and found there were core areas of training listed such as moving and handling, food hygiene Protection of Vulnerable Adults, medication and dementia training. However, records showed that not all staff had undertaken training in all these areas.

We found from our discussions with staff and from the records we examined that staff supervision did not consistently take place at the frequency outlined in the provider's policy. (see recommendation 2 for this quality statement)

Personal carers had an annual Personal Development Review (PDR) which was linked to individuals training and development needs. A new competency based system had been developed to replace the PDR system, but was not extensively used at the time of this inspection.

Training records showed that only a small percentage of personal carers had completed training in protection of vulnerable adults which included the prevention, detection and reporting of suspected abuse. (see requirement 1 for this quality statement)

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 2

Requirements

1. The provider must ensure that personal carers undertake training in the protection of vulnerable adults which includes the prevention, detection and reporting of suspected abuse. This is in order to comply with; SSI 2011/210 Regulation 15 (b) (i) - training appropriate to the work they are to perform. Timescale for implementation: 6 months from the date of publication of this report.

Recommendations

1. The provider should develop systems which;

- * accurately record the training each member of staff had undertaken.
- * evidence that the member of staff had attended the training.

National Care Standards Support Services - Care at Home. Standard 5:
Management and Staffing Arrangements.

2. The service should ensure that staff supervision takes place at the stated intervals within North Ayrshire Council's policy and show how this supervision is linked to individual's training and development plan.

National Care Standards Support Services - Care at Home. Standard 5:
Management and Staffing Arrangements.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

The grade achieved in the last inspection of 3rd September 2010 was 4 - Good. Although the provider had continued to develop participation methods, we found that care reviews were not consistently taking place at the required frequency and the statement was graded 3 - Adequate.

We concluded this from consulting with service users, staff and managers.

We also observed staff practice and sampled a range of record and documentation which included;

- Reviews
- Satisfaction surveys
- Care Standard Questionnaires
- Evaluations
- Records of monitoring visits
- Meetings with service users in sheltered housing
- Complaints policies and procedures
- Service agreements
- Information pack
- Thank you cards and letters

Strengths relating to the quality of consultation with service users and their relatives are as stated in Quality Statement 1.1.

The provider had reviewed the home care staffing structure and introduced senior personal carers. In addition to their personal carer role they would assist Home Care Managers to ensure that service users received more frequent monitoring visits. This would further enhance the consultation process and also to ensure changing needs were identified quickly and services reviewed to take account of changing needs.

The service user we spoke to told us that they were able to contact a manager if they needed to do so. They told us that they had been visited by the Home Care Manager in recent months and were asked about the quality of the service and if anything could be improved.

Areas for improvement

The areas for improvement identified in Quality Theme 1 Statement 1 are also relevant to this quality statement.

The service should continue to improve and develop methods of consulting with service users regarding the management and leadership of the service. (see recommendation 1 for this quality statement)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should continue to improve and develop methods of consulting with service users regarding the management and leadership of the service. National Care Standards Support Services - Care at Home Standard 11: Expressing Your Views.

Statement 2

We involve our workforce in determining the direction and future objectives of the service.

Service strengths

We sampled evidence against this quality statement and awarded a grade of 4 - Good.

The personal carers we spoke with told us that they had been given the opportunity to influence local rotas and individual care packages.

They told us that there was good communication streams in place with information cascaded to them through local meetings, mail shots, memos and local surgeries with home care managers.

There had been staff survey undertaken which was being analysed at the time of this inspection. This did give staff the opportunity to express their views on the quality of the service and how improvements could be made.

Staff supervision was taking place, albeit the frequency varied across different areas. This gave staff a further opportunity to influence local changes to the delivery of the service.

This was particularly apparent in the recent development of pen pictures for individual service users where personal carers had been heavily involved in compiling and

developing these very useful tools.

North Ayrshire Council also undertook a personal development review for each individual worker which included an opportunity for individual's to make comments on their own training and development needs and the training and development needs of the whole service in order to meet the needs of service users. The Personal Development Review system (PDR) had been revised to a Performance and Personal Development system.

Areas for improvement

Not all staff we spoke with felt they were able to influence the service. The provider should consider how they can encourage more home care staff to be involved in developing and improving the service.

We noted that some home care managers had been given the opportunity to participate in working groups across the council. The provider should consider how personal carers could be more involved in different working groups across the council which would enhance the personal development and improve service delivery.

Of the 20 questionnaires sent to staff six were returned. The respondents stated that they were supported by managers and had the opportunity to access training relevant to the post they held. They also stated that they received supervision and had the opportunity to meet with other personal carers.

The Home Care Manager informed us of the intention of establishing consultation groups in 2012 which would involve personal carers.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 3 - Adequate	
Statement 1	3 - Adequate
Statement 3	4 - Good
Quality of Staffing - 3 - Adequate	
Statement 1	3 - Adequate
Statement 3	4 - Good
Quality of Management and Leadership - 3 - Adequate	
Statement 1	3 - Adequate
Statement 2	4 - Good

6 Inspection and grading history

Date	Type	Gradings
3 Sep 2010	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
22 Oct 2009	Unannounced	Care and support 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایں تسد یم ونابز رگی روا ولکش رگی د رپ شرازگ تعاشا ہی

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