

Oversteps (Care Home) Care Home Service

Earls Cross Road
Dornoch
IV25 3PJ

Telephone: 01862 810393

Type of inspection: Unannounced
Inspection completed on: 1 June 2017

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Care service number:
CS2003008465

About the service

The Care Inspectorate regulates care services in Scotland. Information in relation to all care services is available on our website at www.careinspectorate.com.

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

Oversteps Care Home provides a care service for up to 24 older people. It is situated in the coastal village of Dornoch. Oversteps is managed by Crossreach, which is the social work department of the Church of Scotland.

The aim of the service as noted in the information pack:- Introduction to the service is:

'To provide a happy and caring environment enabling residents to live as independently as possible through individually designed personal plans.'

What people told us

The inspection volunteer spoke with seven people who used the service during the inspection. We also spoke with four people. Some comments from these discussions were as follows:-

- "I love the garden and the gardener is doing a good job"
- "The food is not bad, you always get something"
- "I have lots of visitors, but I would rather be at home"
- "I am quite happy, the food is fine. I am happy when I am outside."
- "The staff have no time to talk, they are always rushing."
- "I am not too sure about a care plan or a review"
- "Sometimes the staff walk off before hearing the end of what I said"
- "I use the garden area all the time. I miss home".

Residents told us that they were happy living at Oversteps. One person told us that they found the staff to be very kind. They said that there had been some new staff recently but they were all very nice. One person said that they had noticed there was now a lot of young staff and some new staff.

Views gathered from the care standard questionnaires were mostly positive. We sent out 12 questionnaires prior to the inspection and we received seven back. Overall two people strongly agreed that they were happy with the quality of care they received and five agreed. Two people strongly agreed that there are enough trained and skilled staff on duty at any point in time to care for them and five agreed.

Comments from relatives/carers were mostly positive. People told the inspection volunteer that they attended the relatives' meeting and that they found these interesting and useful. One relative explained to the inspection volunteer that their relative enjoyed living at Oversteps. They said that their relative enjoyed the food and the activities. All the relatives/carers that we spoke with told us that people were supported to access the outdoors, whenever weather permitted. Relatives/carers also told the inspection volunteer that there was some varied entertainment in the home, which their family members enjoyed.

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at their own improvement plan and quality assurance paperwork. These demonstrated their priorities for development and how they were monitoring of the quality of the provision within the service.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

During the inspection we spoke with the area manager, acting deputy, a manager from another service, who was covering some of the management duties at Oversteps at the time of the inspection, staff and people who use the service. We examined care plans and other associated care documentation, care and review records, minutes of meetings, looked at the medication system, and carried out observations at meal times. We also looked at information and feedback from the care standard questionnaires.

On the two days of the inspection the weather was beautiful and many of the residents were enjoying sitting out in the garden. The home's pet tortoise, dog and cat were also outside. People we spoke with told us that they were encouraged and supported to use the garden areas of the home.

We looked at care plans and review records for a sample of six people. These were varied in standard. We found that improvements were needed to ensure that the information contained in people's care plans was up to date and was a current reflection of their health and wellbeing needs. **See requirement 1.**

We looked at some of the information that staff had recorded in relation to how they support people who experience times of stress and distress with dementia or other mental health illness. We were concerned that the documentation highlighted a lack of understanding from staff around how people should be supported during these times. Staff should undertake training in relation to this as soon as possible. **See requirement under Theme 3 Staffing.**

There was some evidence of reviews taking place with people who use the service and their family members. We noted that some planned reviews had not happened and that some were overdue. **See requirement 2.**

Documentation in relation to recording people's food and fluid intake was found to be of a poor standard and improvements were needed. This was to ensure that there was an effective system in place to monitor those people who had been assessed as at risk of dehydration or malnutrition. **See requirement 3.**

We looked at the medication system and found that there were still issues in relation to staff practice in this area. Immediate improvements were needed to ensure that staff practice was in line with the service policy and

also best practice guidance. This would ensure that the risk of medication errors was reduced and therefore protect the health and safety of all who use the service. **See requirement 4.**

The service had several staff vacancies at the time of the inspection. We looked at the rotas for the last four weeks and we found that although there were staff vacancies, the provider was ensuring that the staffing levels remained within the minimum numbers stated on their staffing schedule, by using agency staff. We also noted that although there was a high use of agency staff, the provider was making efforts to ensure that they used the same staff, where possible. This was to try and keep consistency of care for the residents. People we spoke with were aware that there were agency staff working in the home and told us that they were all very nice. The provider was continuing to try to recruit new staff. Progress will be monitored on this at the next inspection.

Requirements

Number of requirements: 4

1. The provider must ensure that people who use the service should have a full care plan in place, which details their health and wellbeing needs and the levels of support required from staff. Staff should ensure that where there are changes to people's care needs the care plan is updated to reflect these changes. Where staff are recording changes to people's care in the daily communication logs this should then be transferred to the person's care plan. This will ensure that the most up to date and current information is available to those staff who require it to provide people's care.

This is in order to comply with:

Regulations 4(1)(a) and 5(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale for this requirement: six months from receipt of this report.

2. The provider must ensure that people who use the service should be offered a review of their care at least once in every six months. This should be a planned review with family present where appropriate. There should be a full written minute of the review. Any issues raised at the review should be taken forward and the care plan should be updated as a result of the review process.

This is in order to comply with:

Regulations 4(1)(a) and 5(2)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale for this requirement: six months from receipt of this report.

3. The provider must ensure that where a service user is at risk in relation to nutrition/hydration/oral care/skin care, clear and accurate records of care are kept.

The manager should seek ways to ensure that staff are fully aware of and comply with the legislation around record keeping.

An audit should be put in place so that where daily targets are not being met, or staff are not recording appropriately, an action plan can be put in place.

This is in order to comply with:

Regulations 4(1)(a) and 5(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale for meeting this requirement: work must commence immediately.

4. The provider/manager must ensure that staff follow legislation and their own policy and best practice guide in relation to the administering, dispensing and recording of medication for service users.

In order to do this they must:

- a) Follow their own policy and best practice guidance when dispensing and administering medications to people who use the service.
- b) Follow their own policy and best practice guidance when administering pain relief patches.
- c) Ensure that a pain assessment tool is used to assess and manage pain where a service user lacks capacity or has communication difficulties.
- d) Ensure that where 'as required' pain relief is being administered that staff evaluate its effectiveness.
- e) Where management has found it necessary to put a daily count of medications in place, staff need to ensure that they actually count the medications. If the count is not carried out any errors made will go uncorrected throughout the cycle.
- f) Ensure that there is a complete audit trail of all medications kept in the home.
- g) Ensure that controlled medications stored in the home (including 'just in case' medications) are checked regularly, in line with the service policy.

This is in order to comply with:

Regulations 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale for meeting this requirement: work must commence immediately

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of environment

Findings from the inspection

Oversteps sits in large well kept grounds. The residents were making good use of the garden areas when we visited the home.

The home is in the small town of Dornoch in Sutherland. People who used the service were supported by staff to access the shops and cafes in the town. On the first day of inspection we noted that the activities co-ordinator was working in the garden with a resident and they also went down the town to buy plants for baskets and pots.

During the inspection we undertook a tour of the premises, examined risk assessments, accident/incident recording, maintenance records and environmental audit records.

We found that generally the environment of the home was in good order. There were cleaning schedules in place for most areas of the home.

We looked at the accident/incident recording and found that the accident recording was generally of a satisfactory standard. However, improvements were needed to the way staff record incidents. This was discussed at the inspection feedback. It was agreed that some staff required some further training in this area. **See requirement under Theme 3: Staff training.**

The recording of maintenance and repairs was very basic. The manager who was covering some of the management duties at present, stated that they were going to expand the documentation to evidence when repairs were carried out and signed off. **See recommendation 1.**

When we looked at the records for the testing of water systems we noted that this had not been carried out for a long time. There was a recording in May 2017, however the previous records were in August 2016. **See requirement 1.**

Management had carried out an environmental audit and were making efforts to deal with the issues that had been highlighted as a result of this process. **See recommendation under Theme 4: Management and Leadership.**

The bedrooms in the home were beautifully decorated and we were invited in to several rooms to talk with residents. We could see that people had their own personal items in their rooms and that they were comfortably furnished.

All bedrooms were en-suite and there was an appropriate call bell system in place.

At the time of the inspection we noted that the bath hoist had been put out of action by a visiting engineer. This meant that although there were showers there were no bathing facilities until the hoist was repaired. The area manager was to follow up on this matter. Progress will be monitored on this at the next inspection.

Requirements

Number of requirements: 1

1. The provider must ensure that there are systems in place to regularly test the water systems in the home. The person responsible for this should receive appropriate training to ensure the health and safety of all who use the service.

This is to comply with:

Regulations 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale for meeting this requirement: work must commence immediately.

Recommendations

Number of recommendations: 1

1. The provider should ensure that there is an appropriate system in place for the reporting of faults and general maintenance.

National Care Standards Care Homes for Older People. Standard 4: Your environment.

Grade: 3 – adequate

Quality of staffing

Findings from the inspection

During the inspection we spoke with staff and management and looked at the service training plan, training records for staff, supervision and appraisal records and minutes of meetings.

We interviewed both the home staff and agency staff during the inspection. Everyone we spoke with told us that they enjoyed their job and loved caring for the residents. Staff were aware that the service was short staffed at present and that were staff vacancies. They told us that the management always made efforts to ensure that there were sufficient staff on each shift and that they tried, where possible, to use the same agency staff.

We spoke with people who used the service and they told us that the staff were caring and respectful towards them.

Staff were encouraged to undertake an SVQ qualification at a level appropriate to the work they performed. There was a system in place to ensure that staff were registered with the SSSC.

We looked at the staff training plan, however, this was old and out of date. We were unable to establish what training staff had undertaken since the last inspection. **See requirement 1.**

There had been no staff meetings since the last inspection. **See recommendation 1.**

Supervision and appraisal for staff had not progressed since the last inspection. **See requirement 2.**

We were concerned about some of the staff practice in relation to residents' medication and also how they supported people with dementia/mental health illness, in times of stress and distress. We discussed this at length at the inspection feedback and it was agreed that staff should undertake training in both these areas as

soon as possible. A deputy manager from another home was starting to carry out medication competency assessments with some staff, however at the time of the inspection only two staff had received this. **See requirement 1.**

Requirements

Number of requirements: 2

1. The provider must ensure that staff have the skills and knowledge required to meet service users' needs. In order to do this the provider/manager should:-

- a) Carry out a training needs analysis for the staff team.
- b) Identify training requirements of all staff delivering care to service users.
- c) Develop a staff training plan based upon the outcome of the training needs analysis
- d) Put a system in place to evaluate the outcome of any training delivered including improved outcomes for service users.

This is in order to comply with:

Regulations 4(1)(a) and 15(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Timescale for meeting this requirement: work to begin immediately and be completed within six months.

2. The provider/manager must ensure that the programme of supervision and appraisal is formalised. The manager should develop a plan, which identifies when staff supervisions/appraisal are due. Work should continue with this until the programme of supervision covers all levels of staff and becomes established practice. The systems for supervision and appraisal should be linked to the training plan and supervised practice.

This is to comply with:

Regulation 15 (b)(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale for meeting this requirement: three months from receipt of this report.

Recommendations

Number of recommendations: 1

1. The provider/manager should ensure they reinstate the programme of meetings for staff to ensure that they have regular opportunities to meet and discuss all aspects of the service and their roles. Any issues raised should be taken forward and followed up at the next meeting.

National Care Standards Care Homes for Older People. Standard 5: Management and staffing arrangements.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

During the inspection, we looked at service policies, quality assurance systems, questionnaires, minutes of meetings, reviews and care plans. We also spoke with people who used the service, relatives/carers, the area manager for Crossreach, two deputy managers and a manager from another service.

There were temporary management arrangements in place at present. The home was being covered by managers from other Crossreach services and one of the senior carers was acting in a deputy position.

The provider was making efforts to recruit staff to fill any vacancies.

Staff, relatives and residents that we spoke with during the inspection were aware of the temporary management cover and told us that they were kept informed of any updates in relation to this.

We looked at some internal audits and found that some were not effective. There were on going issues in some of the systems, for example, care plans, medication, environment and supervision/appraisal. The temporary managers were making efforts to carry out audits and develop action plans for the environment. We could see that some progress had been made in this area. **See recommendation 1.**

There were still some good methods of participation in place. The activities co-ordinator was very pro-active in keeping residents and relatives involved in some aspects of the service. There was evidence to support that residents were involved in choice of activities, entertainment, garden projects etc. We could also see evidence that the activities co-ordinator took time to evaluate the activities she provided. This was to ensure that they continued to be meaningful for those who took part in both one to one and group activities.

There were regular residents'/relatives' meetings and these were chaired by the activities co-ordinator. People involved with the service told us that the meetings were well attended and that they found them informative and interesting.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The management and staff should ensure they continue to work on the quality assurance systems and processes. This is to ensure that they effectively assess the quality of the service they provide. Where audits have been carried out, action should be taken and the audit cycle completed. This is to ensure that the audit process has been effective in bringing about improvements and has had a positive impact on outcomes for all those people living in the care home.

National Care Standards Care Homes for Older People. Standard 5: Management and staffing arrangements.

Grade: 3 - adequate

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

Previous requirements

Requirement 1

The provider must ensure that where a service user is at risk in relation to nutrition/hydration/oral care/skin care, clear and accurate records of care are kept.

The manager should seek ways to ensure that staff are fully aware of and comply with the legislation around record keeping.

An audit should be put in place so that where daily targets are not being met, or staff are not recording appropriately, an action plan can be put in place.

This is in order to comply with:

Regulations 4(1)(a) and 5(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale for meeting this requirement: work must commence immediately.

This requirement was made on 25 August 2016.

Action taken on previous requirement

At this inspection we found that the recording of some people's food and fluid intake needed to improve. There were some days where there was very limited recording and in some cases nothing recorded for people after 2.30pm. We did, however, see some good practice during the inspection in relation to people who used the service being offered drinks and having access to jugs of juice and water. The food appeared to be of a good quality and people were being supported to eat and drink in a respectful manner. It would appear that this was more of a poor recording issue rather than poor practice. This requirement will remain in place and staff should

receive guidance and training in relation to their responsibilities in relation to the management of people's hydration and nutrition needs.

Not met

Requirement 2

The provider/manager must ensure that following the review of a service user's care, there should be a plan developed to confirm that appropriate actions are taken. The care plan should also be updated to reflect any changes after each review.

This is in order to comply with:

Regulations 5(2)(b)(c) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale for meeting this requirement: work must commence immediately.

This requirement was made on 25 August 2016.

Action taken on previous requirement

Some work had been carried out in relation to this requirement. The manager had developed a basic review planner. Some reviews had taken place since the last inspection and there were more planned for over the next few weeks. This requirement will remain in place to allow progress to be monitored in this area.

Not met

Requirement 3

The provider/manager must ensure that staff follow legislation and their own policy and best practice guide in relation to the administering, dispensing and recording of medication for service users.

In order to do this they must:

- a) Ensure that a pain assessment tool is used to assess and manage pain where a service user lacks capacity or has communication difficulties.
- b) Ensure that where 'as required' pain relief is being administered that staff evaluate its effectiveness, using the back of the MARR sheet.

This is in order to comply with:

Regulations 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale for meeting this requirement: work must commence immediately.

This requirement was made on 25 August 2016.

Action taken on previous requirement

There were still ongoing issues with staff practice in relation to the dispensing, administering and recording of people's medication. Some staff were using the abbey pain scale assessment tool effectively, however others were not. There were some recordings noted of people wincing and groaning with pain, however, the pain assessment tool was not used and there was no evidence of any pain relief medication being given. Some staff tended to rely on moving a person's position rather than assessing their pain and offering pain relief medication. Where the pain assessment tool was being used there was some evidence of evaluation, however, not consistently.

Staff practice was not consistent when evaluating as required medications, therefore they would be unable to monitor whether these medications were being effective.

Not met

Requirement 4

The provider/manager must ensure that staff employed in the provision of care in the service receive medication training and regular updates to medication training for those staff administering medication to service users.

The manager must provide suitable assistance, including time off work, for the purpose of obtaining training appropriate to such work.

Furthermore, the provider/manager should consider ways to clinically supervise staff to confirm such training is embedded in practice.

This is in order to comply with:

Regulations 15(b) and (c) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/2015 Staffing

Timescale for meeting this requirement: work to commence immediately and be completed within two months.

This requirement was made on 25 August 2016.

Action taken on previous requirement

Work in relation to this requirement was in the very early stages at the time of this inspection. This requirement has not been met and will remain in place in this report.

Not met

Requirement 5

The provider/manager must ensure that staff follow legislation and their own policy and best practice guide in relation to the administering, dispensing and recording of medication for service users.

In order to do this they must:

a) Dispense medications from their original boxes at the prescribed times and in no circumstances carry out secondary dispensing.

b) Where management has found it necessary to put a daily count of medications in place, staff need to ensure that they actually count the medications. If the count is not carried out any errors made will go uncorrected throughout the cycle.

c) Ensure that there is a complete audit trail of all medications kept in the home.

d) Ensure that recording of medications is line with the service policy. Any handwritten changes to prescriptions should be double signed by staff.

e) Ensure that controlled medications stored in the home (including 'just in case' medications) are checked regularly, in line with the service policy.

This is in order to comply with:

Regulations 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale for meeting this requirement: work must commence immediately.

This requirement was made on 8 February 2017.

Action taken on previous requirement

This requirement was made as a result of medication issues found at the follow up inspection on 08 February 2017. The provider received a letter with details of the above requirement after the inspection.

At this inspection we found that medication issues continue to be a problem. At this inspection we noted that staff had adopted a 'system' of turning the medication boxes around to face the back of the trolley to show the next staff member that the medication had been given. This is not good practice and could cause confusion and increase the risk of medication errors. This practice should cease immediately. Staff should follow their own policy and best practice guidance in relation to the dispensing and administering of medications.

There were still ongoing issues with the daily count of medications. The manager had advised staff to continue to count the medications at each medication round. There were numerous errors noted and it was clear that staff were not counting the medication and therefore, the errors continued throughout the cycle. A weekly audit where staff were actually counting all the medication would most likely be more effective.

There was still no formal check of controlled drugs being carried out by staff.

This requirement will remain in place and a further requirement will be made to cover other issues found at this inspection.

Not met

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

Previous recommendations

Recommendation 1

The provider/manager should ensure that the programme of supervision and appraisal is fully implemented/formalised.

Work should continue with this until the programme of supervision and appraisal covers all levels of staff and becomes established practice. The systems for supervision and appraisal should be linked to the training plan and supervised practice.

National Care Standards Care Homes for Older People. Standard 5: Management and staffing arrangements.

This recommendation was made on 25 August 2016.

Action taken on previous recommendation

Work in relation to this recommendation had not moved forward since the last inspection. This recommendation will remain in place in this report.

Recommendation 2

The provider/manager should ensure they further develop the quality assurance systems in the service.

The provider/manager needs to complete the audit cycle by following up on findings and developing action plans to demonstrate improvements.

They should also monitor/evaluate their quality assurance systems to ensure they are effective.

National Care Standards Care Homes for Older People.
Standard 5: Management and staffing arrangements
Standard 11: Expressing your views.

This recommendation was made on 25 August 2016.

Action taken on previous recommendation

There were some internal audits being carried out by staff, however in most cases these were not effective. The temporary manager was beginning to work on this at the time of the inspection. A further recommendation in relation to this has been made in this report.

Complaints

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

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
8 Feb 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
25 Aug 2016	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
11 Mar 2016	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
20 Jan 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
14 Feb 2014	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
17 Jan 2013	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
23 Jan 2012	Unannounced	Care and support	6 - Excellent
		Environment	6 - Excellent

Date	Type	Gradings	
		Staffing	Management and leadership
		Not assessed	Not assessed
22 Sep 2010	Unannounced	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 6 - Excellent Not assessed
24 May 2010	Announced	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 6 - Excellent Not assessed
16 Jul 2009	Announced	Care and support Environment Staffing Management and leadership	6 - Excellent 6 - Excellent 6 - Excellent 6 - Excellent
19 Mar 2009	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 6 - Excellent Not assessed
6 Nov 2008	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 6 - Excellent 6 - Excellent 6 - Excellent

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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