

Palm Court Care Home Service

11 Ardbeg Road
Rothesay
ISLE OF BUTE
PA20 0NJ

Telephone: 01700 502 170

Type of inspection:

Unannounced

Completed on:

22 July 2019

Service provided by:

Mr & Mrs J Young a Partnership

Service provider number:

SP2003000076

Service no:

CS2003000439

About the service

The Care Inspectorate regulates care services in Scotland. Information about 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.

Palm Court is registered to care for seven older people. There were six people living in the home at the time of the inspection.

The service is provided in a semi-detached villa located close to Rothesay town centre. It has good access to local amenities including shops, bus routes and ferry links.

The accommodation comprises of one small double bedroom, five single rooms; including one with en-suite facilities, a large and a small sitting room, dining room and kitchen.

The service aims:

"To support residents to maintain as much independence, dignity, choice and privacy as possible while providing the comfort and security of a caring family atmosphere."

What people told us

We asked people using the service and their relatives to share their experience of Palm Court. We spoke with a range of people during the inspection visit.

Before the inspection, we asked the provider to distribute questionnaires to people using the service, their relatives and staff. No completed questionnaires were returned to the Care Inspectorate.

People we talked with during the inspection said that staff were caring, kind and attentive. One person told us "nothing is too much of a problem for the staff".

We were told that Palm Court "feels like a home from home". People spoke of being very comfortable in the home. Some commented that they had a nice bedroom and had their own belongings and furniture in their room.

People told us that the food was of a good standard and that there was always plenty of choice.

We were told that staff were "chatty and friendly". People spoke of outings they had been on and how much they enjoyed going into town or for a walk.

A visiting family member we spoke with said, "I'm very happy with the care my relative gets. The staff are great, nothing is a bother for them. Staff are good at keeping me up to date with what's happening. I know about changes to medication and the results of visits from the community nurse."

From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staffing?	2 - Weak
How good is our setting?	4 - Good
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We saw that people living in Palm court were treated with kindness, patience and respect by staff. Staff were

knowledgeable about the preferences of people living in the home. People were supported to make choices about many aspects of their day. There were genuine, warm relationships between people living in the home and the staff who supported them.

People benefited from being supported to take part in activities that were of interest to them. And kept in touch with their local neighbourhood by having links with community groups. People told us how much they enjoyed the company of others in the home and being able to go on outings.

At the last inspection, we asked the provider to look at ways to gather the views of people using the service to inform improvements. We were not able to determine how people using the service were meaningfully involved in the development of the service. This does not promote a spirit of partnership or inclusion. See continued area for improvement 1.

Staff had a good understanding of the importance of developing mealtimes into a social experience to support the health and wellbeing of the people living in the home. We saw that mealtimes were relaxed and well managed. People living in the home told us how good the quality of the food was.

People's health benefited by being supported by a staff team who were knowledgeable about the local health care professionals they could call for advice and support. A visiting health professional told us that staff called promptly about specific healthcare needs and were good at following instructions.

Medication was being safely and effectively management to support people's healthcare needs.

There was an inadequate approach to planning support for people who were at risk of losing weight, falling or developing pressure ulcers. Risk assessments to monitor and assess risks for individuals were inaccurate. This results in weak risk management and an adverse impact on the health, welfare and safety of people living in the home.

See requirement 1.

We could not determine if equipment to help keep people safe while in bed was being used in the best interest of the individual and not as restraint. This issue was the subject of an area for improvement at the previous inspection. The provider has failed to make improvement to safeguard people from the incorrect use of equipment that may restrain.

See requirement 2.

We observed poor moving and assisting techniques being used. Use of incorrect techniques can cause injury to people. There was a need to ensure that staff received training to improve their practice and protect people from harm.

See requirement 1 detailed in key Question 3 of this report.

We had concern that the service did not have appropriate moving and assisting equipment accessible. This resulted in some people being restricted to bed. This can be detrimental to people's health and result in isolation. We made a requirement on 11 July 2019 that the service must take immediate remedial action to resolve this issue. The provider had taken appropriate action within the timescales of the requirement.

Requirements

1. By 31 December 2019 the provider must make proper provision for the health, welfare and safety of service users.

In order to do this the provider must do the following:

- ensure staff understand how to use recognised assessment tools to assess the risk of malnutrition, falling and development of pressure ulcers
- ensure that assessments of risk for individual service users are accurately and regularly completed
- use the outcome of risk assessments to inform the plan of care to manage the risk

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.'
(HSCS 3.21)

and in order to comply with Regulation 4(1)(c) welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

2. By 31 December 2019 the provider must safeguard people from harm by ensuring that equipment that could be viewed as restraining is used correctly.

The provider must ensure that the best interest of the individual is considered by doing the following:

- carry out appropriate risk assessments for the use of equipment that could be viewed as restraining
- seek informed consent from service users representatives for use of the equipment
- ensure that staff understand and adhere to The Mental Welfare Commission guidance 'Rights, risks and limits to freedom'.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.'
(HSCS 3.20)

and in order to comply with Regulation 4(1)(c) welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Areas for improvement

1. People using the service should be meaningfully involved in the development of the service. The provider should develop a participation strategy for the service to inform sustained improvement of outcomes for residents.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.'
(HSCS 4.7)

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.'
(HSCS 4.8)

How good is our leadership?

2 - Weak

People using the service commented positively about how approachable and helpful the provider was.

It was evident that the provider had been unable to progress or sustain improvement of the service since the previous inspection. This has adversely affected the management of the health, welfare and safety needs of people living in the home.

We could not determine how the provider was supporting a culture of continuous development and improvement. There were no formal systems in place to assess and monitor the quality of service provision. There was no evidence to demonstrate that improvement was planned. Changes to the service appeared to be driven by crisis management rather than sound quality assurance and self-evaluation.

The provider must establish systems to evaluate service provision and determine if individuals' needs are being managed effectively.
See requirement 1.

Decision making which is consistent, based on relevant guidance and best practice will ensure that people experience high quality care and support. This can be achieved by having up to date policies and procedures in place which reflect legislation and best practice guidance. The providers policies and procedures needed reviewed to reflect this. The provider has failed to action a previous area for development to update the policy and procedure to guide staff regarding the reporting of Adult Support and Protection issues. This must be actioned to ensure that people are safeguarded.
See requirement 2.

To protect people using the service the provider must notify the Care Inspectorate of any incident which is detrimental to, or impacts on, the health, welfare or safety of people living in the home. The provider has not submitted relevant notifications to the Care Inspectorate for a substantial length of time.
See requirement 3.

Requirements

1. By 31 December 2019 the provider must support a culture of continuous development and improvement for the service.

In order to do this the provider must do the following:

- implement a system to formally evaluate the quality of service provision to determine if individuals' needs are being managed effectively
- use the outcomes of quality audits to inform improvement and development of the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'
(HSCS 4.19)

and in order to comply with Regulation 4(1)(a) - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

2. By 31 December 2019 the provider must ensure that people using the service people experience high quality care and support based on relevant evidence, guidance and best practice.

In order to do this the provider must:

- review and update the policies and procedures to reflect best practice guidance
- ensure that staff are aware of where to access policies and procedures to guide their decisions
- develop and implement a policy and procedure regarding Adult Support and Protection. This should be referenced to the local area guidance of Argyle and Bute Health and Social Care Partnership
- ensure all staff undertake training regarding recognising harm and understand how to escalate concerns in line with The Adult Support and Protection (Scotland) Act 2007 and the providers policies and procedures.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.'
(HSCS 3.20)

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

and in order to comply with Regulation 4(1)(a)- Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

3. By 31 December 2019 the provider must notify the Care Inspectorate of any incident which is detrimental to, or impacts on, the health, welfare or safety of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

In order to comply with Regulation 19(3)(d) of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002.

How good is our staff team?

2 - Weak

We saw that staff were attentive and responsive towards people living in the home. One person told us, "The staff are so kind, nothing is too much trouble for them."

People should have confidence that they are supported by staff who are trained, competent and skilled. We had

concerns that people were not protected as the approach to care and support did not always reflect current best practice. Records of training were poor, we could not verify that staff training was up to date. This included core subjects such as moving and assisting and the protection of vulnerable people.

To promote good practice and improve outcomes for people staff should have access to regular supervision with a competent supervisor. There was no schedule of supervision or records of formal supervision in place. There was no evidence that staff practice was assessed to determine competency.

The provider needs to re-establish staff supervision to gather information about staff training needs. This information should inform a training plan which focuses on the principles and values of safe, effective care and support.

Formal evaluation of the way training influences staff practice would determine if it improves outcomes for people living in the service. This would help establish good practice and improve the quality and safety of support for people living in the home.

See requirement 1.

Requirements

1. By 30 September 2019 the provider must send the Care Inspectorate a plan of training to ensure that people will be supported by staff who are trained, competent and skilled. And are able to reflect on their practice and follow their professional and organisational codes.

The provider must ensure that the training plan is developed by:

- establishing a schedule of regular supportive supervision for staff
- ensuring that supervision is carried out by staff with the appropriate skills and training
- using the outcome of staff supervision sessions to inform a training plan focused on the priorities for training identified by staff and the outcome of the inspection. Prioritising, but not limited to, safeguarding vulnerable people and moving and assisting.

The provider must develop a culture of ongoing learning and promote consistent practice by establishing systems to formally assess the impact of training on staff practice and that reviews of competency will be carried out regularly.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'.
(HSCS 3.14)

and in order to comply with Regulation 15(b)(i) Staffing and 4(1)(a) - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

How good is our setting?**4 - Good**

Palm Court is a small home, we saw that people living there could find their way around with ease. People living in the home looked comfortable and relaxed in their surroundings.

The communal areas were homely. One resident told us that "It's like a home away from home".

There was a sheltered garden at the rear of the home which people had access to. People told us how much they enjoyed sitting in the garden in the better weather.

People living in the home were supported to personalise their bedrooms with their own furniture and pictures.

The provider and staff worked hard to maintain a welcoming environment and ensure that people were comfortable.

Four of the six bedrooms were only accessible by use of a short flight of stairs or by using a stairlift. This restricted people who could not use the stairs as they needed the support of staff to reach their bedroom.

How well is our care and support planned?**2 - Weak**

Personal plans should set out how an individual's assessed needs will be met, as well as detailing their wishes and choices. They should provide guidance to staff about how to support individuals taking account of the person's choices, abilities and care needs.

The personal plans we looked at did not provide guidance for staff to enable them to deliver consistent and agreed care for the people they supported. They were out of date and contained contradictory information. We could not determine how current assessed care and support needs were being managed.

The information regarding individual's choices and preferences did not reflect the extent of knowledge staff demonstrated about the people living in the home.

To promote a person-centred approach to support personal plans should reflect how effective the planned care has been in promoting positive choices, experiences and quality of life for each individual. The evaluations were not up to date or meaningful.

We could not establish if plans of care were effectively managing individuals care needs. This could be detrimental for the outcomes of people using the service.

At the last inspection, we asked the provider to improve the quality of the information in personal plans. There has been no progress with this. The provider must make significant improvements to evidence how individuals health, welfare and safety needs were being managed.

People using the service and their representative should have opportunity to discuss current care and support at a minimum every six months. We could not determine that everyone living in the home had the opportunity to take part in a review on a six-monthly basis. The minutes of the reviews we saw contained minimal information. They did not reflect a person-centred approach or detail agreements for future care. This does not allow people using the service opportunity to meaningfully participate in the planning of their care.
See requirement 1.

Requirements

1. By 31 December 2019 the provider must ensure that personal plans clearly set out how individuals health, welfare and safety needs are to be managed and met, as well as their wishes and choices.

In order to do this, the provider must ensure the following:

- personal plans are developed in consultation with the individual and their representative to reflect a responsive, person centred approach taking account of choices and preferences
- personal plans accurately record the management of health, welfare and safety needs and how these will be managed
- personal plans are reviewed when there is a change in individual's health, welfare and safety needs
- review the effectiveness of planned care for each person at least once in every six-month period.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.'
(HSCS 1.15)

and in order to comply with Regulations 5(1) and 5 (2)(b) Personal plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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

Requirements

Requirement 1

The provider must make proper provision for the health, welfare and safety of service users by ensuring that suitable equipment is available to safely move and assist people who have been assessed as needing such equipment.

By 22 July 2019 the provider must confirm in writing to the Care Inspectorate that the suitable equipment for moving and assisting people is in place and accessible.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'Any treatment or intervention that I experience is safe and effective.'
(HSCS 1.24)

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.' (HSCS 5.21),

and in order to comply with Regulation 4(1)(a) Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 11 July 2019.

Action taken on previous requirement

The provider has confirmed that they have purchased appropriate equipment for moving and assisting people who have an assessed need for its use.

Met - within timescales

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

Areas for improvement

Previous area for improvement 1

The provider should improve the range and availability of meaningful activities offered in the home considering residents' preferences and choices. Staff should be supported with training such as the Promoting Excellence programme for dementia learning and development. This would ensure that staff have the skills and knowledge to develop and deliver meaningful activities for residents.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day.' (HSCS 1.25)

This area for improvement was made on 14 August 2018.

Action taken since then

Staff understood the importance of meaningful activity to promote wellbeing for the people they supported.

We saw that people were engaged in activities with staff. People told us that they enjoyed the opportunities to go on outings. We saw that people were out walking with staff.

This area for improvement has been implemented.

Previous area for improvement 2

Residents' personal plans should be developed to demonstrate on how the health, welfare and safety needs of the individual are to be managed and met.

In particular, the provider should ensure that all residents have personal plans which:

- accurately reflect all their current needs
- include information about necessary care and support interventions and fully reflect the care being provided
- include information about care and support that is up to date and regularly evaluated
- utilise risk assessments to inform care planning
- reflect a person-centred approach and are developed in line with the Health and Social Care Standards.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices.'
(HSCS 1.15)

This area for improvement was made on 14 August 2018.

Action taken since then

We could not determine that personal plans detailed an agreed and consistent approach to managing individuals' care and support needs.

Personal plans were out of date and not reflective of the care and support we observed. This meant that there was a lack of guidance in personal plans to direct staff to manage care and support effectively .

This issue will be the subject of a requirement as detailed in Key Question 5 of this report.

Previous area for improvement 3

The provider should demonstrate that equipment that could be viewed as restraining is used taking the best interest of the individual in to account. This includes seeking informed consent for use of the equipment.

The provider should refer to The Mental Welfare Commission guidance 'Rights, risks and limits to freedom'

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.'
(HSCS 3.20)

This area for improvement was made on 14 August 2018.

Action taken since then

We were unable to determine that bedrails were being used in the best interest of individual.

There was a lack of completed assessments for the use of bedrails. There was no consent in place for the use of the equipment. There was a lack of consistency in staff knowledge about bedrail use.

This issue will be the subject of a requirement as detailed in Key Question 3 of this report.

Previous area for improvement 4

The provider needs to demonstrate that people who share bedrooms have their rights to choice promoted and protected. The provider needs to inform us about their longer term plan for the use of shared bedrooms when people are not related.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'As an adult living in a care home, I have my own bedroom that meets my needs but can choose to live with and share a bedroom with my partner, relative or close friend.'
(HSCS 5.26)

This area for improvement was made on 14 August 2018.

Action taken since then

There was evidence in place to confirm that discussions had taken place regarding the sharing of a bedroom. A family member confirmed that the sharing of the bedroom had been agreed.

This area for improvement has been implemented.

Previous area for improvement 5

The provider should ensure that staff have access to regular formal supervision. This would give staff opportunity to discuss their training and development needs and reflect on their practice.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.'
(HSCS 3.14)

This area for improvement was made on 14 August 2018.

Action taken since then

There were no formal opportunities for staff to discuss their training and development needs and reflect on their practice. There were no records of formal supervision or discussions of staff training and development needs. This would result in a lack of planned staff development and training.

This issue will be the subject of a requirement as detailed in Key Question 3 of this report.

Previous area for improvement 6

The provider should develop and implement a plan of training to ensure that staff are trained to deliver safe care and support with competence. The plan should include mandatory and needs led training.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.'
(HSCS 3.14)

This area for improvement was made on 14 August 2018.

Action taken since then

Due to poor record keeping, we could not determine the dates of training that staff had undertaken. There was no plan in place to signify future training. There was a need to address core training for staff to ensure their practice was safe and that people were protected.

This issue will be the subject of a requirement as detailed in Key Question 3 of this report.

Previous area for improvement 7

To help staff development and influence better outcomes for residents, the provider should develop methods to assess the impact training has on staff practice.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'
(HSCS 4.19)

This area for improvement was made on 14 August 2018.

Action taken since then

There was no system in place to assess staff competency or if training had influenced practice. The lack of assessment of the staff practice would impact on outcomes for people being living in the home.

This issue will be the subject of a requirement as detailed in Key Question 3 of this report.

Previous area for improvement 8

People using the service should be meaningfully involved in the development of the service. The provider should develop a participation strategy for the service to inform sustained improvement of outcomes for residents.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.'
(HSCS 4.7)

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.'
(HSCS 4.8)

This area for improvement was made on 14 August 2018.

Action taken since then

We could not determine if people were meaningfully involved in improving the service.

There was unplanned consultation with people using the service. The manager stated that people's views were sought, but there were no outcomes recorded. There was no formal participation strategy in place.

This area of improvement will continue as detailed in Key Question 2 of this report.

Previous area for improvement 9

People should know there is a culture of continuous improvement within the service and there is robust quality assurance process in place to support this. The provider should develop systems to audit the quality of the service and formulate an improvement plan to improve outcomes for people who experience the service.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'
(HSCS 4.8)

This area for improvement was made on 14 August 2018.

Action taken since then

We could not determine how the provider was promoting a culture of continuous improvement within the service. There were no systems in place to assess or monitor the quality of the service being provided. There was a lack of a development plan for the service to help drive improvement.

This issue will be the subject of a requirement as detailed in Key Question 2 of this report.

Previous area for improvement 10

To ensure that guidance is in place to support staff to protect residents the provider should update the Adult Support and Protection policy and procedure to reflect current legislation and local area guidance.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.'
(HSCS 3.20)

This area for improvement was made on 14 August 2018.

Action taken since then

There was no guidance for staff to ensure that any Adult Support and Protection issues were escalated as per legislation to protect people.

This issue will be the subject of a requirement as detailed in Key Question 2 of 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.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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 ਵਿੱਚ 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.