

Cathay Nursing Home Care Home Service

St.Leonards Road
Forres
IV36 2RE

Telephone: 01309 675500

Type of inspection:

Unannounced

Completed on:

3 October 2019

Service provided by:

Care Concern Ltd

Service provider number:

SP2003003618

Service no:

CS2003035264

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 registered with the Care Inspectorate in April 2011.

Cathay Nursing Home is a purpose-built single story nursing home. The provider is Care Concern Ltd.

The home is registered to provide care for 42 people. At the time of our inspection there were 39 people living in the service.

Cathay is located in a rural setting close to the town of Forres. The home is set in partially walled gardens.

There is a large central lounge with two smaller lounges at each end. All bedrooms have en-suite toilet facilities. Four bedrooms benefit from additional en-suite shower facilities.

From a care home website, it stated Cathay 'are committed to bringing high standards of care to older people with daily needs, while supporting a fulfilling lifestyle'.

What people told us

Before the inspection we sent out questionnaires to the manager to be given randomly to residents (10) and relatives (10). We received five completed from residents. They contained mixed views about the care they received. One person strongly disagreed with the statement: 'Overall, I am happy with the quality of the care I receive at this home.' The others agreed or strongly agreed.

Comments included:

'I have to lock my door as people have come in and taken my belongings.'

'I would like more live music'.

We also received six completed questionnaires from relatives. Again there was a variety of opinions expressed.

Comments included:

'She is waiting a long time to be taken to the toilet'.

'Her nails are very dirty most of the time'.

During the inspection we spoke with residents and relatives. Comments are recorded within the report.

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?	3 - Adequate
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How good is our leadership?	2 - Weak
How good is our staffing?	2 - Weak
How good is our setting?	3 - Adequate
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?

3 - Adequate

There were some strengths but these just outweighed weaknesses. While the strengths may still have a positive impact, key areas of performance needed to improve.

People should experience compassion, dignity and respect.

From our observations and from speaking to residents and relatives we found some positive practice. Generally staff seemed to be kindly and patient with the residents. They usually did not rush them but supported them at a pace that took account of the person's circumstances.

In the evening, we observed a staff member supporting a group of residents to take part in floor dominoes. He had difficulty maintaining the momentum of the game as he was also responsible for answering the front door. He too was responsible for taking residents to the toilet and monitoring those walking around who were at high risk of falling.

(See area for improvement 1).

Relatives and residents indicated that it could take a long time for their call bell to be answered. A resident commented in a questionnaire-'I feel staff make me wait a long time to take me to the toilet. They don't understand'. The care standards state that staff should respond promptly when people ask for help.

Relatives were concerned that often residents' nails and hands were not cleaned'. Nails are a bug bear'. We observed residents with dirty nails and this would affect their dignity.

(See section 5.1).

Residents should be enabled to get the most out of life.

The care service employed two part time activity co-ordinators who between them provided a service for a part of each day. We could see from photos and the notice board the range of activities and entertainment. There were mixed views about the activities provided. We thought staff should evaluate residents' experiences of activities to help with planning. The previous area for improvement is continued.

Screening tools were used to help assess residents' health needs. Each shift should have a nurse on duty though the service was experiencing difficulties recruiting nurses. During the inspection we attended a 'Hub' meeting at the home which included representatives from the Community Care Team, community nurses

and community psychiatric team. It was agreed that this was the first of a regular meeting to look at ways of working together to provide an improved service.

Feedback from the community nurses indicated that they had had concerns about the provision of care at the home due to staffing levels. There had been recent investigations by Moray Council social work service into possible adult protection issues. These investigations have now closed and the manager reported to the 'Hub' the progress she and her team had made working through the action plan that resulted.

Nurses and team leaders administered medication. There were some issues found that needed to be addressed including that stock cupboards should be locked. The control drugs cupboard key should be kept separately. The effect of using as required medicines should be evaluated to indicate whether effective. Medicines to be returned to the pharmacy should not be stored in the home for long periods of time. **(See area for improvement 2).**

Most residents ate in the dining room. Residents were supported to make choices through having a menu on the table. Also many of the residents were shown a small sample of each of the main meals to help them make a choice. The table menu could be improved to make less confusing. Fairly loud music was playing. Staff should ensure that residents like having music while they eat and that they are happy with the music selected.

We observed a carer supporting a resident with fish gougons and chips who was trying to feed herself. The carer did not encourage her though a relative had indicated that her mother could be independent with finger food. Staff should support residents to be as independent as they want and can be.

Areas for improvement

1. Management should ensure that residents are supported to be able to take part in activities every day.
 - a) Care staff should have appropriate training to be confident to lead and encourage a range of activities.
 - b) Activities should reflect residents' interests and choices and should include being able to take part in the daily routines of the home if residents wish.
 - c) Activities should be evaluated to ensure they meet residents' wishes and abilities.

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

'I take part in daily routines, such as setting up activities and mealtimes, if this is what I want' (HSCS 2.21).

'I can maintain and develop my interests, activities and what matters to me in the way that I like'. (HSCS 2.22).

2. Management should improve medication arrangements and records as highlighted in the report.

**This is in order that care is consistent with the Health and Social Care Standards including:
I experience high quality care and support based on relevant evidence, guidance and best practice.
(HSCS 4.11)**

How good is our leadership?

2 - Weak

Strengths can be identified in the service performance but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's

experiences and outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

Quality assurance, including self evaluation and improvement plans, drive change and improvement where necessary. **(See requirement 1).**

There was a schedule of audits though some had not been completed. Those that had been completed did not evidence that the service had improved through this procedure. Audits identified various issues and areas where the service was not meeting the care standards and these issues would be again identified at the next audit with no change.

Since early 2017 the Care Inspectorate has required the providers and management of the service to have suitable working policies. There has been some action and some of the policies have been reviewed and updated. This work needs to be completed to provide reliable and safe guidance for staff. **(See requirement 2).**

We did not see evidence that management were taking residents' experiences into account in their quality assurance procedures. There had been an email survey of relatives and the manager had received two responses. Relatives were not involved in meetings about the service.

At present the manager did not maintain an active improvement plan.
(See area for improvement 1).

Requirements

1. By the end of January 2020, in order to ensure there is a culture of continuous and sustained improvement the provider must ensure that the quality assurance processes are effective and clearly identify areas for improvement and evidence action taken. The processes should be responsive to improving the service's individual performance, based on relevant legislation and good practice to drive good practice and standards forward. The systems must be focussed on improving outcomes and quality of experiences for people using the service.

This is in order to ensure that 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)

It is also necessary to comply with Regulation 3, Principles and Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

2. The provider must ensure that the service provision is supported by a robust set of policies and procedures and that they accurately reflect best and legal practice.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4 - Welfare of users.

This is in to ensure that care and support is consistent with the Health and Social Care Standards which states;

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

Areas for improvement

1. The provider should self evaluate the quality of the service against the health and social care standards in order to make and implement a plan which improves outcomes and experiences for residents. Residents, their relatives and staff were to be involved and their views taken to inform an improvement action plan which should be used to regularly review progress. The plan should take account of best practice, current legislation and areas for improvement identified through reviews, external reports, complaints and the services own quality assurance methods. Appropriate action plans should be put in place to support the improvement plan and to drive forward the improvements within reasonable timescales.

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

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

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

How good is our staff team?

2 - Weak

Strengths could be identified but these were outweighed or compromised by significant weaknesses. Weak performance requires action in the form of structured and planned improvement.

Residents should have confidence in the staff team who should have time to support and care for them and to speak to them.

We found that the majority of training provided was through on-line training modules. Some courses including safe moving and handling, and fire awareness also had a classroom style component. The training co-ordinator confirmed that many of the staff either had not started the on-line training or had not updated it as was required. Training assists staff in their knowledge and understanding of the different aspects of their roles and responsibilities.

(See requirement 1).

Due to poor staffing levels, there had been an on-going recruitment drive. We found some of the new staff had started with little experience in care and therefore we had concerns about their ability to meet the needs of residents when they had not completed mandatory training.

The manager had organised face to face training regarding foot care and continence for some staff from relevant professionals. This had resulted in a few staff feeling confident to offer nail cutting to some residents who had no health issues in this area. This was beneficial to the residents. From the 'Hub' meeting it was agreed that

community nursing staff would provide training regarding skin care and about understanding and alleviating the stress and distress of people with dementia.

Staff confirmed that they had not had supervision and also there had been no annual appraisals. Staff did not complete reflective accounts after training which would help to demonstrate the candidate's understanding of training and how they were going to apply it in their practice. Therefore, there was little assessment of staff competency or encouragement to reflect on learning needs and how to improve outcomes for residents.

A few staff had had a 'job chat' with the manager though this was described by staff as a five- minute discussion.

The service has had a protracted period of low staffing levels due to poor staff retention. Through ongoing recruitment staffing numbers have improved. There has been a reliance on agency staff, though at times, there were difficulties obtaining such staff. Relying on agency staff could result in a lack of consistency and stability in how residents' care and support is provided.

Staff confirm that shifts were often short, and this has had an impact on residents' care. We had several reports that residents had to wait a long time for staff to answer their call bell. Staff stated that mostly they do not have time for anything other than basic care tasks. The manager used a dependency assessment tool which did not accurately reflect the staffing situation. Other factors need to be taken into account including feedback from residents, relatives and staff and observations of staff.

The manager conducts a flash meeting when she is on duty with heads of department. This helped with communication throughout the home.

Relatives and staff indicated that there were tensions between some staff and management.

We have encouraged the manager to look at 'My home life', a nationwide movement to improve care homes for residents and to be good place to work. They have various resources that she might find helpful.

Requirements

1. It is a requirement that the provider ensure that all staff employed to work within the home are trained to carry out their duties for which they are employed. They should ensure that accurate training records are maintained. In order to achieve this, the provider must:

- a) Review the training needs of all staff and record your findings.
- b) Ensure that there is a mandatory training programme that addresses the review of training needs.
- c) Ensure that records are maintained detailing which training events have been attended and by whom.
- d) Develop a system to ensure that the learning from the training is implemented in practice. This might include regular staff observations, use of reflective practice, regular supervision.
- e) Following the training, seek feedback from people using the service and their carers about how well staff are caring for them.

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

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

This is in order to comply with:

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

Timescale for implementation- by end of January 2020.

How good is our setting?

3 - Adequate

We found that the service demonstrated some strengths but these just outweighed weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas need to improve.

Residents should be able to access independently the parts of the care home that they use as the environment has been designed to promote this.

We could see that there were features that would help residents to find their way round the home. Communal bathrooms and toilets all had the same colour of door and some residents had personalised signs on their bedroom doors. Residents could walk round the home, and there were handrails for their support.

The corridors were rather dark and management should assess the lighting level and improve if it is less than recommended.

It would be beneficial to complete the 'King's Fund Tool- Is your care home dementia friendly?' Perhaps asking relatives or residents to help as appropriate. **(See area for improvement).**

One of the smaller lounges has been made into a 'pub' with optics and a bar counter. It is opened for events and the residents can be served with a drink of their choice.

There was a plan to upgrade the bedlinen and curtains of each room. One had been completed already which has pleased the resident and their relatives. 'Her room looks much better'.

There was a system in place for reporting of faults and repairs which appeared to be working well.

Some parts of the home required refurbishment including corridor carpets and some chairs which were very stained. There were mal odours in parts of the home. We noticed that extractor fans in communal toilets and bathrooms had been switched off.

We were concerned that the hot serving trolley used at meal times could be a risk to the residents. It was scalding hot and it was left unattended in the dining room which was accessible to residents. A cleaning cupboard with hazardous chemicals had been left unlocked. This also was a risk to residents going into the cupboard.

We observed and were told by a resident that the home could be noisy at night. Some doors squeaked and shut with a noise. Staff used pagers that could be switched to vibrate though had been told not to do this. In order for residents to sleep it would be good to reduce noise levels as much as possible. **(See area for improvement).**

The requirement about access to outside for residents had been met. There was now a tarmac area at the front door to enable residents to walk or be pushed in a wheelchair to a car. There was also a level path to the garden area. It was stated that residents had enjoyed some outdoor events during the summer.

Areas for improvement

1. Management should action areas highlighted within the report including
 - a) ensure lighting levels are at a suitable level for the residents of the home, taking account of their reduced eyesight.
 - b) using suitable guidance and best practice assess the environment of the care home as to how dementia friendly it is. Create an action plan with timescales to instigate any changes necessary.
 - c) ensure the safety of residents by taking action based on suitable risk assessment of environmental hazards.
 - d) refurbish or clean as necessary shabby and stained fabrics.
 - e) review noise levels in the home during the night and take action as necessary.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) including:

I can independently access the parts of the premise I use and the environment has been designed to promote this. (HSCS 5.11)

My environment is secure and safe. (HSCS 5.17)

My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. (HSCS 5.18)

My environment has plenty of natural light and fresh air, and the lighting, ventilation, and heating can be adjusted to meet my needs and wishes. (HSCS 5.19)

I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. (HSCS 5.22)

How well is our care and support planned?

2 - Weak

From the inspection we found that the service demonstrated strengths but these were outweighed or compromised by significant weaknesses. The weaknesses either individually or when taken together, substantially affect people's experiences or outcomes.

Residents' care plans were kept in the office and staff stated that they did not usually access them. Therefore plans may not have been used to inform staff practice. There was a strategy in progress to change the format of the care plan and a few were already completed. These plans seemed more concise but contained essential person centred information to guide the residents' support needs.

We found that a resident who had been in the care home for a few weeks had little in the way of a care plan. Therefore for some areas of this person's care there was no evidence that he had been assessed for the support he needed or what decisions had been made about his care.

Another resident who had lived in the care home for two years had a care plan which contained information since when she first came to the home. This year her health has deteriorated and she is now receiving palliative care. The only relevant parts of the care plan were the last few sentences in each section as the majority was no longer applicable.

(See requirement 1).

In bedrooms were records that were usually filled in by front line staff. These records detailed the personal care the resident had received on a day by day basis. Recent staff meetings indicated that these records were not being filled in appropriately. Records we examined showed that residents were not receiving necessary care.

We were concerned that some assessments were not being regularly revised. All beds at Cathay have integral rails but they were removed if it was assessed that the person did not need them. They could be left attached but not used. We found that a resident should have had this decision revised which would have prevented them rolling out of bed and sustaining injuries. Rails can be helpful in different ways to residents, to give comfort, to help with moving in the bed as well as stopping people falling out. Unless there is evidence that rails may provide risk to the resident they should remain attached so they can be raised into position when required.

Requirements

1. You must ensure that each service user has a plan of care soon after admission and that there is a system in place to ensure that each plan of care is reviewed at least once in every six month period or sooner if required. Particular attention should be given to those residents living with dementia. Each plan of care must include, but need not be limited to including, the following information:
 - a) Guidance for staff to enable them to effectively support people using the service.
 - b) A clear rationale behind decision-making processes.
 - c) Details of any medication required by the resident with specific guidance for any medication prescribed on an 'as required' basis.
 - d) An appropriate health care assessment in relation to their continence needs
 - e) Advice and guidance from any professional involved in the care of the service user
 - f) Details of the service user's next of kin or any person authorised to act on behalf of the service user (including details of Power of Attorney and Adults with Incapacity Certificates and Treatment Plans, where required).
 - g) Specialist equipment required by the service user.

This is in order that care is consistent with the Health and Social Care Standards including:

I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change. (HSCS 1.12)

**My future care and support needs are anticipated as part of my assessment.
(HSCS 1.14)**

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)

**I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.
(HSCS 3.13)**

This is also to comply with:

Regulation 5 Personal plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale for implementation- by end of January 2020.

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

Requirements

Requirement 1

1. The provider must ensure that people who live at Cathay Nursing Home have safe access to gardens and outside space. In order to do so, the provider must ensure that:

- 1) the enclosed garden patio area is level and safe for people to walk on
- 2) people can access the gardens without being at risk of tripping over steps or ledges
- 3) paths are wide enough to accommodate wheelchairs safely and that the surface of paths are fit for purpose
- 4) the area that is used by people accessing transport to enable them to go on trips out is fit for purpose and does not pose a trip hazard.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4 - Welfare of users, in particular (1)(a).

Timescale: to be implemented within six months of receipt of this report.

This requirement was made on 19 October 2018.

Action taken on previous requirement

This requirement was met. Paths had been levelled and an area around the entrance had been covered in tarmac making it a lot easier for residents to walk or be pushed in a wheelchair to a car/bus. The courtyard is now accessible with level surfaces.

Met - within timescales

Requirement 2

The provider must ensure that the service provision is supported by a robust set of policies and procedures and that they accurately reflect best and legal practice.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4 - Welfare of users, in particular (1)(a).

Timescale: to be implemented within three months of receipt of this report.

This requirement was made on 19 October 2018.

Action taken on previous requirement

There had been work done on some of the policies to update them. There were many that had not been reviewed or updated. This has not yet been met.

Not met

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

Areas for improvement

Previous area for improvement 1

Management should ensure that residents are supported to be able to take part in activities every day.

- a) Care staff should have appropriate training to be confident to lead and encourage a range of activities.
- b) Activities should reflect residents interests and choices and should include being able to take part in the daily routines of the home if residents wish.
- c) Activities should be evaluated to ensure they meet residents' wishes and abilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards 2.21 which states 'I take part in daily routines, such as setting up activities and mealtimes, if this is what I want' and 2.22 which states 'I can maintain and develop my interests, activities and what matters to me in the way that I like.'

This area for improvement was made on 19 October 2018.

Action taken since then

This area for improvement had been partially met. Activity co-ordinators provided some activity every day. From training records many staff had not had training in providing meaningful activities. Residents' experiences of activities should be evaluated.

Previous area for improvement 2

When recruiting new staff, the manager should follow best practice guidance. Latest guidance can be found on the Care Inspectorate 'hub.'

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 4.24 which states 'I am confident that people who support and care for me have been appropriately and safely recruited.'

This area for improvement was made on 19 October 2018.

Action taken since then

The manager continues to interview alone which is not recommended. We found application forms with little information and also the corresponding interview notes were scant. This did not evidence that the person was suitable for the post. This area for improvement to continue.

Previous area for improvement 3

Management must ensure that there are sufficient staff to meet residents' needs at all times. Planning staff cover must take account of residents' needs, staff training, holidays and long term sickness. It should also take account of the layout of the building.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 3.15 which states: 'My needs are met by the right number of people,' 3.16 which states 'People have time to support and care for me and to speak to me' and 3.17 which states 'I am confident that people respond promptly, including when I ask for help.'

This area for improvement was made on 19 October 2018.

Action taken since then

The manager had been constantly recruiting over the year. Staff levels had improved recently.

Previous area for improvement 4

Management need to ensure that residents are not at risk from scalding from hot water.

- a) Staff should assess temperature of shower or bath before resident uses
- b) Staff should be aware of risks and ensure residents have showers and baths at temperatures that are comfortable to them.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 5.17: 'My environment is secure and safe.'

This area for improvement was made on 19 October 2018.

Action taken since then

Staff were using thermometers which were now present in showers. This was met.

Previous area for improvement 5

Resident or a close relative should be fully involved in the development of the care plan and it should set out how the resident's needs, choices and preferences would be met. The care plan should be person centred and outcome focused.

In order to meet a resident's needs, staff need to know about the resident, about their health, identity, history, abilities and wishes.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 1.15 which states: '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,' 2.17 which states: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' and 3.4 which states 'I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me.'

This area for improvement was made on 19 October 2018.

Action taken since then

This has not been met and is reported in 5.1.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

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
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate

How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate

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

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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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