

Claremont Park Nursing Home Care Home Service

6 Claremont Park
Leith Links
Edinburgh
EH6 7PH

Telephone: 0131 554 6868

Type of inspection:
Announced

Completed on:
18 August 2020

Service provided by:
Claremont Park Limited

Service provider number:
SP2003002447

Service no:
CS2003010622

About the service

Claremont Park Nursing Home is registered to provide care for up to 33 older people and is owned and managed by Claremont Park Limited.

The home is situated in Leith, an area to the east of Edinburgh city centre. It is located on a bus route and is near local shops and amenities. There are landscaped gardens and a small driveway to the front of the home and a secure garden and patio area to the rear.

Accommodation for residents is provided on the ground, lower ground and first floor of the main building and on the ground floor of an extension to the rear of the property. The first floor can be accessed by stairs or a stair lift.

There are sixteen single bedrooms, seven with en-suite facilities and eight double bedrooms, one with en-suite facilities. There are further shared toilet and bathing facilities throughout the home. There is a separate lounge and dining room in the main building and an open plan lounge and dining room in the extension.

The provider states on the home's website that their mission is 'to ensure that our residents come first under all circumstances. We aim to afford comfort, excellent care, dignity, good food and to ensure that the quality of life at Claremont Park is as high as we can make it'.

Their philosophy is;

'We believe that people:

Have the right to participate in making choices about their care.

Are entitled to protection of their rights as individuals.

Deserve a comfortable, stimulating environment.

Are entitled to high quality care.

Have the right to retain and develop interests and social contact.

Are entitled to a homely environment'.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors and advisers from the Care Inspectorate, Health Improvement Scotland and a colleague from Public Health Scotland.

What people told us

We spoke with four people during our visit, and their overall comments were positive. Here are some examples.

"I've been fine".

"I am happy living in the home. I like to go into the garden when it is nice".

"I usually sit in my room and I can look at the birds".

"The girls are lovely".

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 good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

1 - Unsatisfactory

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

We recognise that during the COVID-19 pandemic, staff faced challenges supporting people and families who were distressed by the restrictions on visiting. People told us about various methods of communication being used to keep in touch which has helped them feel connected. Visitors were scheduled regularly and guidance was in place for visitors and discussed with them. This included the use of phones, video calls and waving through windows. There were two areas available within the garden space for visiting. There were missed opportunities, however, for people who could not make use of the garden or enjoy window visits. (See Area for Improvement 1).

There was evidence in bedrooms of people's personal belongings and photographs, helping to keep close ties with family and other people important to them. Documentation was available in Care Plans which detailed all communication and visits. People were also confident of receiving support from staff who knew their needs and wishes and were shown respect and compassion.

Being active and engaged is important to people. We saw some individuals listening and singing along to music in the sitting room, however several residents were sitting in their bedrooms, spending long periods on their own. We noted that two residents were sitting in their bedroom with no means of summoning assistance and another two were on their own in a bedroom with loud music that did not appear to be their choice, and again no means of being able to summon support if required.

We noticed staff going into bedrooms, but they only had time to provide essential care and support, therefore people were isolated for long periods of time. There was no guidance available for staff with regards to how they could provide small group activities for people for stimulation and socialisation.

There was limited opportunity for people to remain active or engaged within the home. We saw little meaningful interaction or activity during our visit. For some people this meant long periods of isolation with little opportunity for social stimulation or conversation, leaving them appearing disinterested or bored (See Area for Improvement 2). We saw two residents access the garden area independently, however, saw no evidence other individuals were actively supported to do this.

We sampled five people's support plans that were up to date and reviewed regularly. We saw recent 6 month reviews had been undertaken with involvement from Social Work and families. This ensured that support continued to reflect people's wishes and needs, making sure people's wishes are considered at the end of life is important. All care plans viewed had Anticipatory Care Plans in place which had input from the resident, where possible, and input from next of kin ensuring people's thoughts and wishes were shared.

Healthcare professionals were contacted for advice if there were any concerns with people's health and wellbeing. Staff were able to share typical and atypical symptoms of COVID-19, and staff testing was being carried out to ensure people are safe.

We saw good records in place that recorded food and fluid intake for people, with any concerns around nutritional intake being identified. The chef considered individual dietary requirements for people who required additional intake. Information was shared with care staff and the kitchen staff that ensured any concerns for people were addressed.

We noted that social distancing could be improved within the home, as people were observed sitting close together in both the dining room and lounges. The service should take more steps to encourage social distancing, such as removing some chairs from lounges and setting fewer places at dining tables, to ensure people remain safe whilst having the opportunity to be in the company of others thus ensuring they are delivering best practice in all areas of infection prevention and control. (See Area for Improvement 3).

Government guidelines and processes provide regular testing of COVID-19 for staff. To provide good access to testing, the service had introduced weekly testing. Staff were aware of the testing procedures and were not permitted to work if they had not had routine testing. We found that staff were not adequately supported to promote good infection control practices. Staff had not been trained appropriately and sufficient Personal Protective Equipment (PPE) stations and disposal bins were not always available.

We raised serious concerns on Friday 14 August and returned on Monday 17 August. The requirements made were not met. The serious concerns identified in 7.2 had the potential to impact significantly on people's health and wellbeing and this has been reflected in the grading. We continue to have concerns about the performance of the service and have served an Improvement Notice on the provider who must make improvements within identified timescales.

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

We have assessed that the service is performing as unsatisfactory in the evaluation of this question.

On the first day we observed that staff practice regarding the management and control of infection did not comply with current best practice guidance. This included the inconsistent use of PPE. We had concerns that this poor practice did not support the prevention or control of infection and negatively impacted on the health, welfare and safety of people using the service.

We found the service had adequate supplies of PPE and staff knew how to access it. For some tasks disposable gloves are used to help prevent the transmission of infection. We noted that the correct type of gloves were not consistently being used for some elements of personal care, cleaning or dealing with laundry. We discussed the appropriate use of types of gloves with the manager who addressed this immediately and we were satisfied that the correct type of gloves were being used at the end of our inspection.

We established that not all staff working in the home had been adequately trained in the correct use of PPE. There was a need for immediate action to be taken by the provider to deliver appropriate training for all staff and regularly review competence and compliance with current guidance in the use of and disposal of PPE. To ensure that the provider took immediate remedial action to resolve this we issued the provider with a letter of serious concern on 14 August.

People should experience an environment which is well looked after with clean, tidy and well-maintained premises, furnishings and equipment. We observed staff using unsuitable cleaning products and solutions which were not appropriate for the range of cleaning purposes. There were no robust quality assurance systems and processes in place to ensure that the equipment, environment and furnishings were fit for purpose and clean. Housekeeping staff were aware of the importance of cleaning frequently touched areas and cleaning schedules were in place, however, we found a number of items and equipment in urgent need of deep cleaning or replacement. This was highlighted to the manager at the inspection. The cleaning schedules lacked appropriate details and frequency of how tasks were being undertaken.

The shared facilities did not offer a comfortable or dignified experience for people using them. There were areas requiring repair and general maintenance and some equipment was worn and not fit for purpose. There was an unacceptable level of cleanliness.

Staff told us they had some training in infection prevention and control specific to COVID-19. Whilst there has not been an outbreak of COVID-19 in the home we could not have confidence staff have the skills and knowledge to ensure safety of residents should an outbreak occur. We noted there were no robust systems in place to review or improve staff practice. We found that items of linen and residents' clothing were not laundered safely in line with Health Protection Scotland COVID-19 19 information and Guidance for Care Home Settings. We informed the manager and remedial action was taken immediately.

Some areas in the home were not clean, including the shared bathroom facilities. Commode seats had not all been adequately cleaned. Some other equipment in bedrooms such as mattresses, chair cushions, slings and bedding were unhygienic and some required replacement. It was undignified and a risk to health for people to be sitting in and sleeping in heavily contaminated and stained chairs and beds.

It was disappointing that management and staff had not identified the lack of an acceptable level of cleanliness and hygiene. We issued the service with a serious concerns letter detailing three key areas that we required to see urgent improvements by 12 noon on Monday 17 August. When we returned to the service on this date, we saw that some remedial work had been carried out, however we still required further work to be undertaken regarding training and enhanced cleaning. We continue to have serious concerns about the performance of the service and have served an Improvement Notice on the provider who must make improvements within identified timescales.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

People experienced warm, compassionate interactions from staff who knew their preferences and wishes. We saw that staff worked hard during our visit and people spoke highly and praised the staff for being so supportive and caring over the period of the COVID-19 pandemic.

People experiencing care were not appropriately protected due to a lack of awareness and understanding of the Public Health Guidance around infection protection and control and the use of, putting on and taking off their PPE. This lack of awareness was demonstrated when we observed several incidences of the incorrect use and disposal of PPE in different areas of the home, for example, people wearing masks below the nose, used PPE in pedal bins in people's bedrooms. On many occasions we also noted some staff touching objects and surfaces without removing or changing their PPE.

To improve support for people who live with dementia, staff need further guidance on how this can be achieved and help them to understand the potential impact of COVID-19 on health and wellbeing through the use of proactive approaches to prevent distress.

People should expect that staff are given the opportunity to reflect on their practice and follow their professional and organisational codes so that they can have confidence in the people who support and care for them. The staff we spoke with felt well supported by their managers, stating they could raise any concerns with them. However, team meetings had been stopped and some staff had not had an opportunity for a one-to-one meeting for some time with their manager during the pandemic. This meant opportunities for reflection on practice, discussions on new and changing guidance, peer support and learning opportunities were being missed at this crucial time. The service should address this by ensuring regular one-to-one meetings between all staff and their manager as this is an important means of promoting wellbeing and development in a planned way.

Staff maintained social distancing as much as was practicable. They told us they minimise movement between the floors of the home during their shift as they have designated work areas thus helping to reduce the risk of transmission of the infection.

Through the regular use of capacity tools staffing levels had been assessed. There was little evidence that this reflected the increased needs of people who use the service where support was being provided within their own rooms. It was evident as staff did not have time to provide additional activities and social stimulation for residents. (See Area for Improvement 4). People were now being cared for by a more consistent staff team as the service was able to use less agency staff.

Whilst there has not been an outbreak of COVID-19 in the home we are not confident that staff would have the skills and knowledge to ensure the safety of residents should an outbreak occur. We noted there were no systems in place to monitor staff's practice or identify and support areas for improvement.

Areas for improvement

1. People who live with dementia should be well supported. To improve this, staff should have a good knowledge of dementia care and how to recognise and support people presenting with stress and distress.

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

2. The Manager should ensure all people have access to meaningful activities in all areas of the home, taking individual preferences and abilities into account.

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

3. The Manager should consider how the environment and placement of equipment can meet the health and safety needs of people in relation to COVID-19.

This is to ensure care and support is consistent with the Health and Social care Standards which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes'. (HSCS 5.16)

4. In order to ensure that there are sufficient staff to support people's needs, including psychological and social needs, management should review staffing numbers during the afternoon and evening.

This ensures care and support is consistent with the Health and Social Care Standards which state that: 'My needs are met by the right number of people'. (HSCS 3.15)

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

Requirements

Requirement 1

The provider must ensure that care reviews evidence that a detailed review of service users' care and support needs has been undertaken. This should include:

- a) Evidence that residents and relatives were involved and, if unable to attend a review meeting, how their views were obtained.
- b) Information on what was discussed and actions needed following the review.
- c) Confirmation that those involved are in agreement to the minutes of reviews and have been informed of any changes to the personal plan.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me'. (HSCS 2.17)

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users.

Timescale: for completion by 30 September 2018.

This requirement was made on 2 August 2018.

Action taken on previous requirement

Care reviews had been completed at the expected timescales and had been signed by those involved. Some review records contained little information and did not evidence that a comprehensive review had been completed. The records did not reflect any discussion that occurred during the review or fully evidence the views of all those involved.

Not met

Requirement 2

The provider must ensure that their own processes to record and evidence the support offered to residents and their families when choosing to share a room, are fully implemented in order to demonstrate clearly that the decision is a positive choice which enhances the life of each of the residents who are sharing.

This is to ensure that the environment is consistent with the Health and Social Care Standards which state that: '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) and 'As an adult living in a care home, I have enough space for me to sit comfortably with a visitor in my bedroom'. (HSCS 5.27)

This also takes into account of Building Better Care Homes (Care Inspectorate, 2014) and University of Stirling Dementia Services Development Centre "Dementia Design Audit Tool Literature Review" 2011.

This is to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4 (1) (b) - provide services in a manner which respects the privacy and dignity of service users.

Timescale: to be completed by 30 September 2018.

This requirement was made on 2 August 2018.

Action taken on previous requirement

A letter of consent was in place for all residents living in a shared room and was signed either by the resident, or an appointed person authorised to act on their behalf.

Whilst this was in place, there was no record of discussions with the resident, and/or representatives, on sharing a room and whether this was a positive decision that would result in clear benefits for them. During our inspection, we were unable to see that sharing a room enhanced the lives of some residents and, for some, this resulted in negative outcomes.

We had a comprehensive discussion on this with the provider and how they can improve this to meet Health and Social Care Standards. The provider reassured us that they were committed to improving this for residents and discussed with us some of the ways that this could be achieved. We will look at the progress of this at future inspections.

Not met

Requirement 3

The provider must make proper provision for the health, welfare and safety of service users. In order to do so, by **12 August 2019**, the provider must ensure that:

- i) all incidents which may be regarded as an adult support and protection concern are reported in line with multi-agency guidelines (Edinburgh, Lothian and Borders multi-agency guidelines, 2013).
- ii) all notifiable events are submitted to the Care Inspectorate in line with the guidance on reporting of specific events.

This is also to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'. (HSCS 3:20)

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users.

This requirement was made on 12 August 2019.

This requirement was made on 2 August 2019.

Action taken on previous requirement

Focussed COVID-19 inspection. This area was not assessed at this inspection.

Not assessed at this inspection

Requirement 4

The provider must ensure that their own processes to record and evidence the support offered to residents and their families when choosing to share a room, are fully implemented in order to demonstrate clearly that the decision is a positive choice which enhances the life of each of the residents who are sharing.

This is to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4 (1) (b) - provide services in a manner which respects the privacy and dignity of service users.

Timescale: to be completed by 31 October 2019.

This also takes into account the National Care Standards Care Homes for Older People Standard 4 - Your Environment, Building Better Care Homes (Care Inspectorate, 2014), University of Stirling Dementia Services Development Centre 'Dementia Design Audit Tool Literature Review' 2011.

This requirement was made on 12 August 2019.

Action taken on previous requirement

Focussed COVID-19 inspection. This area was not assessed at this inspection.

Not assessed at this inspection

Requirement 5

The provider must ensure that care reviews evidence that a detailed review of service users' care and support needs has been undertaken. This should include:

- a) evidence that residents and relatives were involved and, if unable to attend a review meeting, how their views were obtained.
- b) detailed records of the discussion and actions taken to address the comments made.
- c) confirmation that those involved are in agreement with the minutes of reviews and have been informed of any changes to the personal plan.

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users.

This also takes account of National Care Standards, Care Homes for Older People, standard 6 - Support Arrangements.

Timescale: for completion by 31 October 2019.

This requirement was made on 12 August 2019.

Action taken on previous requirement

Focussed COVID-19 inspection. This area was not assessed at this inspection.

Not assessed at this inspection

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 ensure that any treatment or intervention that residents receive is safe and effective. In order to do so, medication management should be developed to include:

- i) where residents are prescribed medication for stress or distress on an 'as required' basis, clear, detailed guidance should be in place that describes how residents present when they are distressed and actions staff should take to support residents before giving medication.
- ii) clearer recording is needed when medication is administered from homely remedy medication stock, such as paracetamol. This will help staff to ensure that the homely remedy does not conflict with other prescribed medicines.
- iii) ensuring clear instructions are provided on topical medicine administration records to help ensure these are applied according to the prescriber's instructions.
- iv) dating creams and ointments when opened will help ensure that creams and ointments are stored and disposed of in line with manufacturers' guidelines.

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

This area for improvement was made on 12 August 2019.

Action taken since then

Focussed COVID-19 inspection. This area was not assessed at this inspection.

Previous area for improvement 2

The service should ensure that care documentation is completed consistently and in a timely manner in order to evidence the care and support given to residents. This should include, but not be exhaustive of, charts that record:

- re-positioning;
- personal care;
- catheter care;
- oral care; and
- fluid monitoring.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My care and support meets my needs and is right for me' (HSCS 1:19) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected'. (HSCS 1:23)

This area for improvement was made on 12 August 2019.

Action taken since then

Focussed COVID-19 inspection. This area was not assessed at this inspection.

Previous area for improvement 3

Following the completion of quality assurance audits and checks, the provider should ensure that an action plan approach is used to identify actions required, by whom, in what timescale and evidence that this has been actioned. This will help the service to more clearly evidence the response and development of the service.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards which state that: '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 12 August 2019.

Action taken since then

Focussed COVID-19 inspection. This area was not assessed at this inspection.

Previous area for improvement 4

In order to have staff that are competent, skilled and able to reflect on their practice, the provider should ensure that:

- i) the content of training meets the learning needs of staff in relation to the care needs of residents.
- ii) the content and method of training meets the level needed by staff in all roles.
- iii) training materials refer to appropriate best practice guidance and Scottish legislation.

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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4:11)

This area for improvement was made on 12 August 2019.

Action taken since then

Focussed COVID-19 inspection. This area was not assessed at this inspection.

Previous area for improvement 5

In order that residents with dementia are supported by staff who are knowledgeable and skilled, the provider should ensure that staff receive the relevant level of training and development for their role.

The provider should look at how they monitor the ability of staff to put their training into practice and provide support for staff where needed.

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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4:11)

This area for improvement was made on 12 August 2019.

Action taken since then

Focussed COVID-19 inspection. This area was not assessed at this inspection.

Previous area for improvement 6

The provider should review their dependency calculations and staffing levels to ensure that, at all times, there are appropriate numbers, and skill mix, of staff to meet residents' health, welfare and safety needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My needs are met by the right number of people' (HSCS 3:15), 'People have the time to support and care for me and to speak with me' (HSCS 3:16) and 'I am confident that people respond promptly, including when I ask for help'. (HSCS 3:17)

This area for improvement was made on 12 August 2019.

Action taken since then

Focussed COVID-19 inspection. This area was not assessed at this inspection.

Previous area for improvement 7

The Health and Social Care Standards describe what people should expect from the environment and premises they live in.

The standards outline what people should expect from a warm, comfortable, homely environment that meets their needs and wishes, and supports positive outcomes for people's health and well-being. This includes:

- a care home should provide a mix of private and communal areas, and accessible outdoor space. This should be designed, or adapted, for high quality care and equipped and furnished to meet the needs and wishes of the people that live there.
- the care home environment should have enough physical space to meet resident's needs and wishes. It should promote residents to independently access the parts of the premises they use, including toilet facilities and outdoor space.
- residents should expect to live in an environment that is well looked after, clean, tidy and well maintained premises, furnishings and equipment.

We are in discussion with the provider about how they intend to improve the environment to achieve these standards. The provider should submit a written proposal to the Care Inspectorate by 30 November 2019.

This area for improvement was made on 12 August 2019.

Action taken since then

Focussed COVID-19 inspection. This area was not assessed at this inspection.

Previous area for improvement 8

Personal plans should contain information that describes residents' current health, care and support needs and how these should be met. This should include:

- i) information on the type and setting (where appropriate) of special mattresses, re-positioning needs, and creams and ointments for residents with skin care needs or those at risk of pressure damage.

- ii) guidance on how to support residents who experience stress and distressed reactions or who have specific emotional or psychological needs.
- iii) detailed evaluations of care plans that show that consideration has been given as to whether plans continue to effectively meet residents' needs. Care plans should consistently be updated when any changes in residents' care needs are identified.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'My personal plan (sometimes referred to as my 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 'My care and support meets my needs and is right for me'. (HSCS 1.19)

This area for improvement was made on 12 August 2019.

Action taken since then

Focussed COVID-19 inspection. This area was not assessed at this inspection.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	1 - Unsatisfactory
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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