

## Rutherglen Home Care Service Housing Support Service

Social Work Resources  
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**Service provided by:**  
South Lanarkshire Council

**Service provider number:**  
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**Service no:**  
CS2004073574

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

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

The housing support and care at home service is provided by South Lanarkshire Council. Services are provided to people residing within the Rutherglen and Cambuslang areas.

The service works in partnership with other departments and agencies such as the National Health Service. The service operates 24 hours a day, seven days a week, throughout the year.

The service aims to support people to live in their own homes for as long as possible.

The service had been overseen by an interim management team since March 2020 following previous inspections which resulted in very low grades and substantial requirements. This team had supported existing team leaders, co-ordinators, support workers and home care workers to significantly improve the working practices, knowledge, skills and culture in the service.

The progress that has been made within the service has led to better outcomes for people experiencing care and staff who work in the service. We look forward to seeing how things evolve and progress as the team continues to work towards achieving its objectives.

## What people told us

We were not able to visit people receiving the service due to the COVID-19 pandemic. However, we spoke with people who used the service and relatives of those who used the service. We asked them about their views of the quality of care and support and other aspects of service delivery such as reviews, communication and responsiveness. We also asked about how the service was ensuring people's wellbeing during the COVID-19 pandemic.

People were overall very happy with the quality of care and support they or their loved ones were receiving. We heard that issues around communication that had caused problems for people experiencing care or their relatives in the past had now been largely resolved, and there was a significant increase in involvement and consultation amongst people and their relatives about the care that was being provided. People were much more involved in their care planning and we heard about what people's needs and wishes were, and were pleased to see how well the care and support plans matched up to these.

## 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	4 - Good

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

### How well do we support people's wellbeing?

**4 - Good**

People have the right to receive care and support that is right for them.

The new management team identified the crucial need to carry out robust and effective assessments for all people using the service. This was a significant undertaking that resulted in several further pieces of work to ensure people were in receipt of the right type and level of support. This gave the home care service a much clearer understanding of what people's needs actually were, where there were potential gaps in service provision and where other professionals and organisations may be able to support. It also meant that there was an appropriate refocus on helping to support people to do as much as they could for themselves and promoting their independence, confidence and self esteem. We heard positive comments from people using the service and their relatives about this. There were effective systems and processes in place to support continual review and monitoring of people's care so that any unmet needs could be properly explored. We saw that overall people were receiving care and support that was appropriate to their needs.

We spoke with people experiencing care and their relatives and examined assessments and support plans. People felt that they received care and support that was respectful and offered them dignity and compassion. We saw many examples that demonstrated that actions were taken to care for people in a holistic and person centred way and as a result led to better outcomes for people. For example, the service took action to engage and work together with other agencies to reduce social isolation and improve mental wellbeing for people where this was a need.

The service had linked with the provider's own day care services to support home visits to those people who used to attend but no longer could due to the COVID-19 pandemic. The service had revisited this with people periodically throughout the pandemic to establish what their preferences were. The service facilitated communication to access other relevant services.

The service had made really good progress in meeting requirements associated with this aspect of service delivery.

The service should work to ensure that the systems and processes they have put in place are robust and continue to be effective over time.

## How good is our leadership?

4 - Good

People should experience and benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

At this inspection, we found that there had been a huge degree of commitment, robust planning and effective effort towards improving the quality of care and support for people using the service, as well as the support and development for staff working there. We were impressed at the degree of progress that had been made, particularly given the COVID-19 pandemic and limitations this imposed.

Quality assurance methods included a service improvement plan based around the requirements of the last inspection. This had been regularly followed up on and actions taken to ensure that appropriate systems were in place to support and drive improvement. These actions included using survey questionnaires and action plans, performance trackers, developing internal processes and improving communication methods through regular contacts with staff. This meant that staff had the opportunity to directly feedback and report any concerns about people's care, and the improved internal processes meant that action was taken to address those concerns.

The management team and coordinators were able to describe their role and function, and how this linked to others in the team. This meant that there was an effective level of clarity around roles and responsibilities that gave a further level of assurance. It should be recognised that the skills and attributes brought to the service by the management team and the team leaders had greatly contributed to the progress the service had made. There are key skills, knowledge bases and qualities that those people bring that are crucial to the continued improvement in the service at this time, that can help shape and build on the skills of the pre existing team leaders and coordinators. We received an assurance from the provider that continued support and mentoring will be given.

The service should consider including actions in their development plan that enable them to consider how they can continue to achieve good results from service user/relative surveys.

We look forward to seeing that these systems continue to be effective and can be sustained over a period of time.

**How good is our staff team?****4 - Good**

We noted there had been a significant shift in the culture, custom and practice that was now much more positive and focused towards achieving improved outcomes for people using the service. This progress had been made possible in part through the joined up working that was happening between the home care team and social workers. We heard from two social work team leaders who expressed positive views about the collaborative work that was now taking place. This was helping to ensure better outcomes for people who, for example, may have needed more social work involvement due to more complex needs.

Support to staff during the COVID-19 pandemic had been good. Staff had been supported to carry out other roles and duties if they were unable to do their normal role, and these duties had greatly contributed to the effective day to day running of the service. This included overseeing provision of personal protective equipment to staff which helped to ensure safe systems of work were in place to ensure the safety of home care workers and people experiencing care. We spoke with several home care workers who described the support they had received to cope with a variety of health and wellbeing issues. Their feedback was overwhelmingly positive

Staff described much better contact and communication with their coordinators and feeling overall better supported in doing their role. There was a good degree of involvement and inclusion in raising concerns and giving feedback about care plans and needs, supported by the regular contact and generally better working relationship between office based staff and home care workers. Staff had received really good quality training around adult support and protection that helped them to be more effective in raising concerns and more confident in following this through. Staff were being supported to complete adult protection referrals, in recognition of their first hand knowledge of the person, and in actions to be taken to reduce risks to people. Morale amongst care staff was good.

Team work within the office was greatly improved and staff were supporting each other in their different roles and functions. There had been a considered approach to matching people's strengths to their roles and addressing in a supportive way where there were performance issues.

Supervision and performance reviews were underway albeit in altered formats at times due to the pandemic restrictions. We saw that staff received regular updates in relation to the COVID-19 pandemic and refresher training where this was essential to the needs of people they supported.

The service should work towards ensuring that staff requests for specialist training are addressed whenever this becomes practical to do so.

**How well is our care and support planned?****3 - Adequate**

People have the right to be fully involved in developing and reviewing their personal plan.

The service had taken effective action to fully assess the needs of every person using the service earlier this year. This action had been necessary because of the lack of assessments of needs or poor quality assessments that were in use. This had led to much more robust assessments and the identification of additional needs for several people using the service. Whilst this was a significant undertaking, it meant that there could be much more effective care and support planning. Staff received good quality training to support them in this key area.

People's care plans identified how staff could support them in dignified and respectful ways. We saw lots of examples where staff were instructed to chap the door before coming in, or shout out to let the person know they were there, and how to ensure dignity and privacy during personal care. We heard from people using the service and their relatives about the role they had played in compiling the care plan, how this matched to the support they actually received, and in most files we sampled we also saw involvement from the main home care worker who supported the person.

There was a useful level of detail within care plans that meant staff could know how to best care for and support the person. We also saw that there was a much stronger understanding around risks posed to people because of their health conditions or care and support needs, and clear actions recorded so staff could know what they should do to reduce those risks. From speaking with staff at all levels in the service it was clear that there was now a much clearer understanding and effective systems in place to address risks. This had become part of the culture. This means that people using the service can have confidence that they are protected from harm by people who have a clear understanding of their responsibilities.

Although the service had made good progress with carrying out six monthly reviews with people using the service they had not yet completed these for everyone. Due to the substantial impact this aspect of service delivery can have on the quality of care provided, the requirement about six monthly reviews has not been met at this inspection. However, we look forward to seeing how the service progresses with this at the next inspection. (See requirement 1.)

## Requirements

1. By 31 March 2021, the provider must review all personal care plans at least once in every six month period and more frequently where circumstances require this, in particular;

- (a) When requested to do so by the service user or any representative.
- (b) When there is a significant change in a service user's health, welfare or safety needs.

If changes are agreed at the review, the personal care plan must be updated accordingly. A copy of all reviews must be made available to service users and or any representative.

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

"I am fully involved in developing and reviewing my personal plan, which is always available to me." (HSCS 2.17)

It is also necessary to comply with Regulation 5(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011.

**How good is our care and support during the COVID-19 pandemic?****4 - Good**

The service had regular communication to frontline staff by text message, printed information and contact with line managers through teleconference patch meetings. This afforded staff the opportunity to understand what they needed to do in order to work safely for themselves and people using the service. The staff newsletter also contained information about hand hygiene and infection prevention and control.

We observed how office based staff practiced safely in relation to infection prevention and control and were satisfied that there were very robust and effective systems in place to manage risk of infection including the provision of and use of masks when away from desks, access and provision of hand gel and clear social distancing practices.

Feedback from relatives and people experiencing care demonstrated that staff were wearing personal protective equipment (PPE). There had been observations of staff practice by the management team and there was a focus within this to support appropriate use of PPE.

From our conversations with home care staff we were confident that staff had good access to all appropriate PPE, and measures had been put in place to ensure hand hygiene could be maintained including the provision of hand gel in place of proper or suitable hand washing facilities. We noted however that some staff were not clear on disposal of PPE practices and asked the management team to reissue further guidance on this and check staff practice as part of their spot checks.

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

### Requirements

#### Requirement 1

In order to ensure the health, safety and welfare needs of the service users are being met the provider must ensure that:

- (a) a support plan is in place within a safe and acceptable timescale, no later than 28 days from commencement of the service
- (b) personal plans accurately reflect the health, safety and welfare needs of the service user
- (c) service users and/or their relative/representative are consulted and their views clearly recorded
- (d) service user, family/representative and care staff have access to the support plan.

This is in order to ensure care and support is consistent with the Health and Social Care Standards 2.17 which states "I am fully involved in developing and reviewing my personal plan, which is always available to me."

It is also necessary to comply with Regulations 5(1) and 5(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011.

Timescale: 31 January 2020.

**This requirement was made on 18 December 2018.**

#### Action taken on previous requirement

Every person using the service had been fully assessed to determine their care and support needs. The service had compiled plans in conjunction with people using the service, their relatives and home care staff. Personal plans were completed to a good quality. We noted a significant improvement in the detail in plans which meant that home care staff would know how to safely support and care for people.

Where information was given about medical conditions there was an explanation about what this meant for the person and how this impacted on their daily life. Personal plans included information about the risks to people and what actions could be taken by care staff to reduce those risks and ensure people were safe and well. Most people we spoke with were aware of their involvement in completing plans and knew where these were located in their homes.

**Met - outwith timescales**

#### Requirement 2

The provider must review all personal care plans at least once in every six month period and more frequently where circumstances require this, in particular;



- (a) When requested to do so by the service user or any representative
- (b) When there is a significant change in a service user's health, welfare or safety needs.

If changes are agreed at the review, the personal care plan must be updated accordingly. A copy of all reviews must be made available to service users and or any representative.

This is in order to ensure care and support is consistent with the Health and Social Care Standards 2.17 which states "I am fully involved in developing and reviewing my personal plan, which is always available to me."

It is also necessary to comply with Regulation 5(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011.

Timescale: 31 January 2020.

**This requirement was made on 18 December 2018.**

#### Action taken on previous requirement

There had been a significant piece of work done to complete co-produced assessments which were of a really good standard.

The effort and quality found in the co-produced assessments was replicated within standard reviews. Where reviews had taken place there had been involvement in the process with people experiencing care, carers and relatives.

The provider needs to ensure this cycle is being followed through in order to meet this requirement. However, the quality of information and standards of practice around those that had been completed so far was good.

**Not met**

### Requirement 3

The provider must ensure that there is a safe and effective way to record all known risks for service users. These must provide a clear and comprehensive guide for staff to follow to reduce and mitigate such risks.

The service user and or their representative must be involved and their views recorded. A copy of these must be made available for service users and or their representatives. They should also be made available for any staff who have a need to access to this information to be able to provide safe and effective care.

This is to ensure that the identification and management of risks is consistent with the Health and Social Care Standards 3.18 which states "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty."

It is also necessary to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011.

Timescale: 31 January 2020

**This requirement was made on 20 December 2019.**

## Action taken on previous requirement

We found that personal plans contained good information about risks, there had been a huge improvement in this and overall the knowledge and understanding across the team about risks was vastly improved. People were very involved in completing their personal plans.

Staff were able to talk about risks without the solely environmental focus that they previously had. We could see that there was an understanding about the function of the service in keeping people safe and well that was missing before. Where risks were noted there was mostly good information on how to manage and reduce these risks, and who to report concerns to.

There had been a significant increase on reporting of adult support and protection issues and measures taken to address these. The improved working relationship with social work colleagues had been a major contributor in this. We spoke with two social work team leaders who told us: "I still do emergency social work cover, and now when I see an AP1 come in from Rutherglen/Cambuslang I know it will have good information on it and a lot of steps will have already been taken to keep the person safe. It was not like that before, the quality was poor, you had lots of unanswered questions."

## Met - outwith timescales

### Requirement 4

The provider must ensure that people who use this service and or their relatives/representatives have the opportunity to be included and consulted with to identify ways in which the service can be improved. In addition, the provider must ensure that any methods of consultation are followed up with clear action plans being devised to achieve the identified improvements.

This is to ensure that care and support is consistent with the Health and Social Care Standards 4.6 which states "I can be meaningfully involved in how the organisations that support and care for me work and develop."

It is also necessary to comply with Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011.

Timescale: 31 January 2020.

**This requirement was made on 20 December 2019.**

## Action taken on previous requirement

The service had carried out comprehensive assessments with people experiencing care and their relatives. This provided a further way of consultation and involvement in care planning, assessment and review to inform completion of personal plans.

There were regular telephone calls to people using the service or their relatives throughout the lockdown period to check in on people and offer assistance.

Survey results were very positive and there had been a very good response rate, with actions taken to follow up by telephone on any outstanding issues.

It would be helpful for the service to see that even when things look good and people are happy that there is an action plan to support this to continue.

### Met - outwith timescales

#### Requirement 5

The provider must provide suitable assistance to staff by:

- (a) providing regular, recorded, supervision for all staff in compliance with the provider's supervision and appraisal policy that is of a standard and quality requisite to the needs of social care staff
- (b) ensure that those responsible for undertaking the supervisory role are skilled and equipped to be able to role model and provide opportunities to reflect on practice for those they are supervising
- (c) ensure an achievable forward plan of supervision date(s) and PDR dates are available for all staff and appropriate timescales are adhered to
- (d) Undertake recorded observations of practice for all care staff on a regular and equal basis.

This is in order to ensure the quality of staffing is consistent with the Health and Social Care Standards 3.14 which states "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."

It is also necessary to comply with Regulation 15(a) and (b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011.

Timescale: 31 January 2020.

**This requirement was made on 18 December 2018.**

#### Action taken on previous requirement

Performance appraisal and supervision training had been done by the management and coordinator team. We looked at records of supervision and performance reviews. We saw some really good reflection in notes and evidence of good development of skills and knowledge being built up. There was a planner and tracker in place to ensure completion of supervisions with an element of quality assurance woven into this to monitor the quality of these sessions.

We had discussions with coordinators who were able to reflect on their learning needs and previous gaps in their knowledge and practice in a very honest and self reflective way. They recognised how their practice had moved on since the last inspection and were able to discuss their underpinning knowledge with confidence. There is still work to be done to complete a full year performance review however there is a logical process in place to achieve this and this is well underway.

Observations of practice were being done which supported staff and quality of care and support. This had been restricted due to the COVID-19 pandemic but was happening in a planned way.

### Met - outwith timescales

## Requirement 6

The provider must ensure that persons employed in the provision of the care service have training appropriate to the work they are to perform.

This is to ensure that the skills, abilities and competence of all employed in the service is consistent with the Health and Social Care Standards 3.14 which states "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."

It is also necessary to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 and Regulation 13 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011

Timescale: 31 January 2020.

**This requirement was made on 18 December 2018.**

### Action taken on previous requirement

There had been some good quality training provided to the whole staff team around key topics such as adult support and protection and support planning and assessment. We saw that the quality of supervision had improved which meant that staff were reflecting on their practice and making appropriate links to relevant underpinning knowledge and guidance. The service issued a newsletter informing staff about COVID-19 measures and regular updates were also provided to staff when they collected their PPE from the office.

Where staff were asking for specialist training we did not see this being taken forward however we recognise that there are limits to this given the current pandemic. The service should ensure that this is not lost going forward, however we do have confidence this will be taken forward given there is now a much more robust system around supervision and performance reviews.

There was good information sharing at patch meetings which had restarted in different formats. This afforded staff an opportunity to check their understanding and raise any issues. Staff confirmed with us that they also receive regular text messages from their coordinators encouraging them to get in touch if they have any concerns.

**Met - outwith timescales**

## Requirement 7

The provider must ensure that key events are reported, recorded and reviewed by management to ensure the health, safety and welfare needs of all service users are being met. They must also ensure that the Care Inspectorate is notified of all reportable events. This should be done in line with the Care Inspectorate guide "Records that all registered care services (except child minding) must keep and guidance on notification reporting."

This is in order to ensure that the management of the service is consistent with the Health and Social Care Standards 3.21 which states "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" and 4.14 which states "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event."

It is also necessary to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011.

Timescale: 31 January 2020.

**This requirement was made on 18 December 2018.**

#### Action taken on previous requirement

Recording of incidents was clear. We could see that actions taken to respond to significant incidents were appropriate, included actions taken to address errors in practice with staff and measures to prevent reoccurrence, bringing in other professions where appropriate, and adult protection referrals made where needed.

The service identified one team leader to hold responsibility for making notifications to the Care Inspectorate and we noted a much better degree of notifications in recent months. The service should ensure it maintains performance in this area.

#### Met - outwith timescales

### Requirement 8

The provider must ensure that all service users and their family/representative are fully informed of how to raise a concern or complaint either with the service, the local authority and/or the Care Inspectorate.

Management must ensure that a clear and comprehensive monitoring of complaint activity is being undertaken within the service. All complaints must be responded to and managed in line with the provider's complaint policy and procedure.

This is in order to ensure that the management of the service is consistent with the Health and Social Care Standards 4.20 which states "I know how, and can be helped, to make a complaint or raise a concern about my care and support" and 4.21 "If I have a concern or complaint, this will be discussed with me and acted upon without negative consequences for me."

It is also necessary to comply with Regulation 18(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011.

Timescale: 31 January 2020.

**This requirement was made on 18 December 2018.**

#### Action taken on previous requirement

The service had improved its system for logging and responding to complaints. We saw that there had been three complaints to the service this year and records were kept to show what action had been taken and apologies given where this was appropriate. All relevant practice in relation to complaints handling had been followed.

In addition, the service was keeping records of compliments which reflected good work being done. We saw that information within personal plans was up to date in respect of who to contact in the office if there were any concerns or complaints.

People fed back to us that they found office staff much more accessible and responsive.

## Met - outwith timescales

### Requirement 9

The provider must ensure that there is a robust system in place to ensure effective quality assurance and audit processes are being completed. Meaningful analysis of the findings must be carried out. Where deficits are identified there must be a clear action plan with evidence available to demonstrate progress made and the outcomes achieved.

This is to ensure the management and leadership is consistent with the Health and Social Care Standards 4.19 which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes."

It is also necessary to comply with Regulation 4 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011.

**This requirement was made on 20 December 2019.**

### Action taken on previous requirement

The service had developed an improvement plan based around the requirements made at the last inspection. This had been regularly updated and reviewed to track progress, take actions and amend plans to ensure continued improvement.

The provider's own quality assurance processes were being used much more effectively through their "improve" system. There was a range of trackers in place to monitor progress with various aspects of service delivery and we could see how these had benefited aspects of the service such as consistency of care staff, completion of reviews and support to staff.

## Met - outwith 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 service should improve the level of staff consistency.

This is to comply with Health and Social Care Standards 3.8 "I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with."

**This area for improvement was made on 18 December 2018.**

**Action taken since then**

The service had introduced a weekly checking system that informed about staff attending to people that week. This was overseen by one of the team leaders who looked for any issues including lack of consistency in carers or high numbers of different staff. We saw how action was taken to rectify this if there were issues. People we spoke with who used the service/relatives were able to tell us that they were overall happy with the consistency of staff who attended to them, and this was generally the same small core team of staff.

This area for improvement is met, however the service should continue to keep focus on this to ensure quality of service delivery.

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com)

## Detailed evaluations

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

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good



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