

Cumbræ Lodge Care Home Care Home Service

Castlepark Road
Irvine
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Type of inspection:
Unannounced

Completed on:
4 June 2021

Service provided by:
Guthrie Court Limited, a member of
the Four Seasons Healthcare Group

Service provider number:
SP2005007863

Service no:
CS2012313121

About the service

Cumbrae Lodge is registered to provide a care home service to a maximum of 78 older people who may have dementia, associated mental health needs and behaviour that may be of a challenging nature. There were 68 people resident in the service at the time of the inspection.

The provider is Guthrie Court Limited which is a subsidiary company of Four Seasons Healthcare.

This service registered with the Care Inspectorate on 2 April 2013.

The care home is located in the town of Irvine and is close to the main bus route. There are six separate units within the ground level building. Each unit provides single room accommodation for up to 13 people with shared dining, lounge, toilet and bathing facilities. The home also has a large garden.

The service has a contract with NHS Ayrshire and Arran to provide NHS continuing care for 26 people within two of the units.

The stated aim of the service is for "Residents to be treated as individuals and cared for with respect and dignity within a safe, comfortable and homely environment which provides stimulation and encourages independence where appropriate".

What people told us

We spoke to several relatives during this inspection. People found that staff were kind and caring. People also felt that staff knew the residents well and engaged them in activities of interest to them.

All relatives commented positively on the quality of personal care.

Families also appreciated that the home set up a very helpful Facebook group during the pandemic, which detailed activities and photos of things that took place in the home.

Some examples of what people told us were:

- 'I can always visit. Now also in his room. They are really careful.'
- 'This home has worked really well with dad. They found the triggers for his behaviour and that calmed him down. They got him an mp3 player and the activity staff put on his favourite music.'
- 'I feel as though I know the carers now. I get a sense of relief when I call, and I can call at any time.'
- 'They meet his needs very well. I can't think of anything that should be done differently.'
- 'The carers have been very helpful and considerate.'
- 'There are plenty of activities going on.'
- 'I would not change the way the home is managed.'

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

4 - Good

People who use care services should experience compassionate, dignified and enabling care that meets their physical and mental health needs. During this inspection we found that the service had a number of important strengths that had a positive impact on people's experiences and outcomes.

Residents should experience warm, nurturing, and positive relationships with staff. We found that staff knew each resident well. When we observed interactions between staff and residents, we saw that staff were friendly and respectful. This helped to create a homely, calm and settled atmosphere that enabled people to relax and feel at ease.

When people living with dementia feel stressed or distressed, it is important that staff interact with skill and understanding. We observed that staff had a good understanding of dementia. When people became distressed, staff were patient and friendly. They used skilful interventions to reassure people and to protect their dignity.

People's rights must be respected, and any constraints should be kept to a minimum. The small size of the individual units in the home helped people living with dementia to move around as independently as possible. Every unit had easy access to the safe garden space which was well used during our inspection. This helped people's mental and physical wellbeing.

Residents should be supported to take part in a range of activities that help them to be physically, mentally, and socially active. The home had a very motivated and proactive team of activity coordinators. The activity team were keen to make sure that activities and events were based on what people liked and wanted. A recently created Facebook group was used to share the residents' experiences with families and friends.

This also created an additional opportunity for people to comment or provide feedback. People told us that they liked this as a source of information and an opportunity to get involved.

Activity and care staff had a good awareness of how important regular physical activity is for older peoples' health and wellbeing. Examples of good practice, like 'walking groups' or exercise activities meant that residents were enabled and encouraged to move regularly. This also included outside activities.

We found that the monthly budget for the activity team was very low in relation to the number of residents. This meant that it had to be significantly supplemented by fundraising and it limited the team's plans and opportunities. We discussed this with the manager and were encouraged by their willingness to review the activity budget.

People's healthcare should be managed well and in line with best practice and up to date guidance. We found that the nurse-led care in the service made sure that residents benefitted from regular assessments and monitoring of their health and health risks. This meant that nurses could act on changes to people's health in a timely and proactive way. It also meant that we were able to see evidence that external health professionals were involved where necessary to support treatment and care.

People's medication should be managed robustly and safely. We looked at people's medication records and the home's medication audit and checks. We found that the management of medication had improved since our last inspection and that it was managed well. This kept people safe and helped to make sure that their treatment was effective.

Mealtimes should be well managed and organised to help people enjoy their food in a calm and unhurried atmosphere. We observed mealtimes and saw that staff created a friendly and supportive environment. Staff interacted with kindness, humour and patience to ensure that residents living with dementia felt safe and supported. Staff also used their skills and knowledge of the individual resident to gently encourage eating and drinking, where necessary.

How good is our leadership?

3 - Adequate

People who use care services should expect that managers have the skills and capacity to drive improvement and that they use quality assurance to drive change where necessary. At this inspection we found that the service had a number of strengths that had a positive impact on performance and outcomes. However, our overall evaluation was affected by the need for improvement in a key area of practice.

It is essential that leaders assess the strengths and weaknesses of the service in a realistic and proactive way. The service had a change of manager since our last inspection. We found that the new leadership team was very open to feedback and highly motivated to make improvements based on their own assessments and those of other professionals. Our assessments, observations and conversations with staff showed that leaders promoted good practice, as well as accountability and responsibility at all levels.

Managers should use comprehensive quality assurance systems and their regular checks should lead to an ongoing improvement plan for the service. We found that managers had increased the resources used for carrying out audits and checks. This meant that managers used various audits, checks and observations to assess performance and compliance across all areas of practice. There was evidence that the outcomes of assessments were analysed and that they became part of ongoing improvement plans.

The service's ongoing improvement plan should clearly show what needs to be improved and how this will be achieved and measured. It was very positive to see that managers had detailed improvement plans for all key areas of the service. We discussed with managers how this could be further improved by adding more detail about how exactly some of the planned actions would be measured. However, we were encouraged by the overall good capacity for improvement that managers showed during this inspection.

It is important that managers have a robust understanding of their role in directing and supporting improvement activities. This includes involving external expertise where necessary and prioritising the required improvements. We found that the managers took clear responsibility for things that went wrong and that they acted very quickly and effectively to put things right. When we found issues with cleanliness in some areas and the use of shared toiletries, managers took immediate action to correct this during our inspection. However, the fact that these findings also meant that some quality assurance processes needed to be improved affected our evaluation of the otherwise good performance under this key question.

How well is our care and support planned?

4 - Good

People should benefit from assessments and care plans that reflect their needs and wishes and are regularly reviewed and updated. People should also be involved in directing and leading their support. During this inspection we found that the service had a number of important strengths that had a positive impact on people's experiences and outcomes.

Strong leadership and competent staff should drive the quality of people's care plans. We saw that the service had improved the quality of the care plans since our last inspection. The fact that staff knew the residents well combined with regular quality assurance meant that the contents of care plans were relevant and up to date.

It is important that care plans focus on the person's personal outcomes. This ensures that the care plan captures what is important to the person, based on their wishes, choices, strengths and abilities. It was positive to see that staff included people's choices and increasingly also their abilities in the care plans. However, we found that care plans could be further improved by ensuring that they contain clearly formulated personal outcomes (see area for improvement 1).

Care plans and personal risk assessments should be regularly reviewed and evaluated to ensure that they are effective. We were encouraged to see that plans and assessments were regularly reviewed. We also observed that staff used monitoring charts well, for example for measuring people's food or fluid intake. This helped to maintain people's health and to start interventions or treatment where necessary.

Residents or the people who represent them should be well informed and involved in their current and future care. We looked at evidence of involvement and joint reviews and spoke to people about this during our inspection. People told us that they were happy with their level of involvement. It was positive to hear from families that they felt well informed about their loved one's health and care, particularly during the current pandemic, when visiting had been restricted.

Areas for improvement

1. The service should include personal outcomes in personal plans and ensure that these are meaningfully evaluated.

This would further improve how person-centred and effective care plans are, further promote a holistic and ability focussed approach, as well as promote involvement and participation.

- the personal outcomes should acknowledge things that are important to people in their lives in relation to the subject of the personal plan
- the personal outcomes should acknowledge individual strengths and should demonstrate a shared sense of purpose to which the person, their family, staff and relevant others contributed
- evaluations and reviews of the personal plans should meaningfully measure if and how the personal outcome is achieved.

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).

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

2 - Weak

We evaluated how well infection control practices support a safe environment for people experiencing care and staff. We concluded that there were strengths, but that these were compromised by some important weaknesses.

The environment was generally clean and tidy. This included an effective system of mattress checking that ensured that all mattresses we inspected were clean and intact. Frequently touched areas were cleaned and disinfected on an hourly basis to help keep people safe from infection.

Managers did frequent walkabouts as part of their quality assurance and carried out regular environmental audits. However, we found several issues with attention to detail when cleaning communal areas and care equipment. Examples included the underside of furniture and equipment and the inside of cupboards. This created an increased risk of infection for residents and staff. We also found several toiletries in communal bathrooms that were meant for shared use. This was poor practice, because it increased the risk of infection, and it was against the otherwise person-centred aims of the service.

We made managers aware of these issues as soon as we found them. Managers took immediate action to clean the affected areas and removed the shared toiletries. Managers also informed staff of our findings and started to work with staff to improve their practice (see requirement 1).

It is important that the environment and furniture are well maintained to ensure that cleaning and disinfection are effective. Damaged surfaces or contaminated fabrics increase the risk of infection for residents and staff. We found that many areas of the service, including communal bathrooms, showers and toilets needed refurbishment. Our findings included damaged or ill-fitting flooring, damaged wall surfaces and scratched handrails and window frames. Several tables and cupboards had damaged surfaces and several seat cushions were contaminated on the inside. Managers acknowledged our findings and were able to show us that they had already self-assessed these failings and that quotes for refurbishment work had been obtained. However, managers had no clear action plan and no clearly confirmed timelines for when the work would start or be completed.

We therefore made a requirement to ensure that this action plan, including timelines, will be completed as soon as possible (see requirement 2).

New residents had been assessed for infection risk before arrival at Cumbrae Lodge and were continuously reviewed. Meetings and handovers were used well to communicate important information about residents, including information to support infection control.

Staff understood the importance of keeping people who had no symptoms of COVID-19 separate from people who did. Staff observed social distancing guidelines wherever possible and also gently supported residents to do the same.

We also evaluated if the staff team had the right competence and development, knowledge, and skills to support people in relation to COVID-19. We found that the service had a number of important strengths that had a positive impact on people's experiences and outcomes.

Staff provided warm and compassionate care taking into account the need for service users to isolate and individual needs were being met. The staffing was flexible and responsive to the changing needs of the people using the service. Overall, there were enough staff to respond to the needs of individuals. It was positive to see that staff engaged well with residents who responded positively, appearing relaxed and contented. The service regularly completed information about staffing levels and had contingency plans in place in case they were going to be understaffed as a result of the pandemic.

Training had been provided in key areas of infection prevention and control. Managers had a clear overview of all planned and completed training. We found that staff overall had a good level of competence. However, to make the necessary improvements outlined in our requirement, we encouraged managers to organise further training, including the use of external infection control specialists.

We spoke to staff from various staff groups about their experiences with training and management support during the pandemic. Staff confirmed that they felt well supported and had access to training and information which enabled them to provide care to people using the service during these difficult circumstances. Staff we met during our inspection were motivated and demonstrated resilience in the face of the challenges they encountered.

Requirements

1. Poor practice was observed in the safe management of the care environment. In particular attention to detail when cleaning care equipment and furniture, as well as the use of communal toiletries, increased the risk of infection for residents and staff.

Starting immediately and to be completed within 7 days (by Friday 11 June 2021, 10:00am), you, the provider must:

- Ensure that all surfaces in communal areas, including equipment and furniture, are regularly and thoroughly cleaned, using the correct products as per current guidance.
- Ensure that shared care equipment is cleaned and disinfected after each use.
- Ensure that there is no use of shared toiletries.

- Ensure that all domestic and care staff are sufficiently trained to carry out their cleaning duties to the expected standard.
- Ensure that effective quality assurance processes exist to measure the correct and consistent application of good practice.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: 'My environment is secure and safe' (HSCS 5.17) and to comply with Regulation 4(1)(a)- Welfare of users, Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 13(a) - to ensure that staff are competent. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. Significant parts of the environment were in a state of poor repair or showed significant wear and tear. This meant that surfaces could not be cleaned effectively and therefore posed an increased risk of infection to residents and staff.

Starting immediately and to be completed within three weeks (by Friday 25 June, 13:00), you, the provider must:

- Put in place a comprehensive action plan for environmental improvements, based on your existing assessments, including timelines and dates for starting and completing planned work.
- Complete a full audit of furniture and equipment and put in place a comprehensive action plan for any replacements, including timelines.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: 'My environment is secure and safe' (HSCS 5.17) and to comply with Regulation 4(1)(a)- Welfare of users, Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulation 10 – Fitness of premises, Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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 the approach to quality assurance is reviewed and improved to establish robust monitoring processes informed by evidence based good practice and a strong focus on personal outcomes, using learning effectively to improve the service for people experiencing care.

This is to ensure care and support 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)

Timescale for completion: 31 May 2019.

This is also in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of users.

This requirement was made on 25 March 2019.

Action taken on previous requirement

We assessed that overall good progress had been made. The new management team was working hard on improvements and had increased quality assurance in the service. We saw that clear and detailed improvement plans existed. Our overall assessment of various service areas showed that improvements were driven effectively and successfully. However, we found an issue with attention to detail when carrying out cleaning in communal areas (see also key question 2). As this was in part also a quality assurance issue, we decided to extend this requirement and will re-assess it at our follow-up inspection.

The timeline for this requirement was extended. New timescale for completion: 11/06/21.

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

The planning and delivery of care should be driven by residents' individual lifestyle preferences with their wishes and choices being taken into account and clearly reflected. Staff should strive to ensure that this is not limited to residents who are easily able to express themselves.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I can maintain and develop my interests, activities and what matters to me in the way that I want." (HSCS 2.22) This area for improvement was made on 23 March 2019 and is repeated at this inspection.

This area for improvement was made on 25 March 2019.

Action taken since then

The content of the personal plans looked at had improved. Care plans demonstrated the promotion of choices related to individual preferences and daily routines. There was evidence that staff had recognised the importance of offering day to day choices regardless of AWI status. There was also evidence of consultation with residents (where possible) and their families. Staff were observed promoting choice as stipulated in the care plan.

This area for improvement was met.

Previous area for improvement 2

The provider should ensure that that staff meet residents' physical and emotional wellbeing needs using a person-centred approach that promotes opportunities for meaningful activity and engagement with other people.

The ability to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health should be promoted to maintain the wellbeing of people experiencing care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential." (HSCS 1.6) "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25) "I am supported to participate fully and actively in my community." (Principles) "I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

This area for improvement was made on 25 March 2019.

Action taken since then

Individual records and our conversations and observations showed that regular opportunities for involvement had been delivered. Almost all had reflected the outcome as having a positive impact. Staff were reminded to always consider this as opposed to just stating that people had attended. There were nice examples of engagement, for example, a male resident had been filling birdfeeders and watering plants whilst serenading female residents and staff had recorded the positive interactions, humour and enjoyment experienced by all concerned.

A Facebook page had been set up to keep families informed. There were many creative, fun activities that were much appreciated by relatives.

Personalised action photos of residents involved in activities had been sent as postcards and Christmas cards which was much appreciated by families.

Staff showed very good awareness of resident's previous careers and skills and recognition of this.

This area for improvement was met.

Previous area for improvement 3

The role of the keyworker and the benefits this relationship can deliver should be further developed to have a meaningful impact on the quality of residents' daily lives.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I am confident that people are encouraged to be innovative in the way they support and care for me." (HSCS 4.25)

This area for improvement was made on 25 March 2019.

Action taken since then

A key working protocol had been developed. There was more of an emphasis on relationship building and communication than was previously the case (when the focus more task orientated). This involved looking after toiletries and clothing; attending appointments; attending reviews; maintaining regular contact.

Staff we spoke to explained how key workers were introduced to new residents and their families on admission. Regular contact and involvement in reviews had become established. Night staff now had a role in key working. Overall, the key working role had become more meaningful and beneficial.

This area for improvement was met.

Previous area for improvement 4

The service should raise awareness of the Health and Social Care Standards - My support, my life (June 2017) and staff should be supported to reflect on the impact of these standards on their practice and ongoing development. Regular, inclusive opportunities for people to express their views, and the evaluation of residents' experiences should be established to support meaningful and impactful involvement. Responsive actions that take people's views into account need to be demonstrated, using learning from feedback to make improvements.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I am actively encouraged to be involved in improving the service that I use, in a spirit of genuine partnership." (HSCS 4.7) "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve." (HSCS 4.8) "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)

"I experience high quality care and support based on relevant evidence, guidance and best practice."

This area for improvement was made on 25 March 2019.

Action taken since then

We observed that staff applied the principles in their day-to-day practice. Staff interacted with kindness and compassion. Relatives told us that they feel well informed and involved.

This area for improvement was met.

Previous area for improvement 5

A holistic dependency assessment that informs staffing levels, skill mix and the deployment of staff should be used regularly to consistently demonstrate an evidence-based approach to staffing. This should take account of the complexity of residents' needs, the layout of the setting and other measures linked to quality assurance including people's views, outcomes, and experiences.

This is to ensure 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 time to support and care for me and to speak with me." (HSCS 3.16)

This area for improvement was made on 25 March 2019.

Action taken since then

Dependency assessments were seen to be carried out monthly in the personal plans seen. The manager preferred the CHESS assessment over the IORNS tool as it predicted the future resources needed. Staff were well organised, and staff spoken with felt that staffing levels were satisfactory. Staff were observed to be working well together as a team with time to spend meaningfully with residents.

We discussed with managers that the holistic aspect of the assessment and setting of staffing levels should be strengthened further. For example, by clearly including quality assurance and people's feedback, as well as other meaningful measurements.

This area for improvement is not met.

Previous area for improvement 6

Care planning, evaluations and minutes of six monthly reviews need to have more of a focus on the way that planned care has promoted positive outcomes as well as reflecting people experiencing care having a sense of worth and engagement with life, achieving what matters to them.

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) "My care and support meets my needs and is right for me." (HSCS 1.19)

This area for improvement was made on 25 March 2019.

Action taken since then

We saw that overall improvements had been made to the care plans. The service had plans to change the paper- based system to man electronic care planning system.

To focus further work on the care plans we have made a new area for improvement under key question 5.

This area is met.

Previous area for improvement 7

Personal plans should reflect the consideration of residents' wishes, choices and past life and the role this plays in underpinning and supporting a person-centred approach. An understanding as to why people behave in a certain way when being supported in their daily lives should be linked to the assessment of this information.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "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." (HSCS 3.4) "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty." (HSCS 3.18)

This area for improvement was made on 25 March 2019.

Action taken since then

We saw that overall improvements had been made to the care plans. The service had plans to change the paper- based system to man electronic care planning system.

To focus further work on the care plans we have made a new area for improvement under key question 5.

This area for improvement is met.

Previous area for improvement 8

A strengths-based focus that fully recognises people's abilities should be established in conjunction with an enabling approach towards risk promotion in order to develop care planning that will support people to maximise their potential.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential." (HSCS 1.6) "I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance my quality of life." (HSCS 2.24)

This area for improvement was made on 25 March 2019.

Action taken since then

Although the strength and ability focus of the care plans should be further improved (see new area for improvement for including personal outcomes in care plans). We saw progress with addressing this area for improvement. Our observations also showed that attitudes towards enablement and reduction of constraints had improved and that this had a positive impact on the level of stress and distress in the service.

This area for improvement is met.

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?	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 benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's outcomes and wishes	4 - Good

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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