

Avenue Care Services – Fife Support Service

20 Dickson Street
Dunfermline
KY12 7SN

Telephone: 01383 326 401

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Avenue Care Services Ltd

Service provider number:
SP2018013172

Service no:
CS2018368297

About the service

The service is provided by Avenue Care Services Ltd, an independent provider of home care, part of Avenue Scotland Recruitment and Consultancy Agency which is based in Dunfermline. The service usually operates from the office in Dunfermline but, as a temporary measure during the pandemic, is operating from the Perth office in Aberuthven.

The service provides a care at home service to adults in Fife. There are also branches in Edinburgh and Perth which are separately registered with the Care Inspectorate. At the time of inspection the Fife service was supporting 187 people in their homes. The service had a team of around 89 staff, including the management team and schedulers.

The aims and objectives of the service state: "Recognise the right of individuals to lead independent lifestyles within their own home, with the appropriate support service, where practicable. Avenue Care Services will do this by offering personal, social and domestic care to meet the assessed needs of service users, ensuring that within the process reablement is fully endorsed within this.

Avenue Care Services is available to all vulnerable adults, families with children experiencing social/health problems, and as a means of supporting carers. All service users will receive an outcome focussed care plan ensuring personalisation within to ensure this is in line with their personal needs, ensuring that at all times the plan identifies the individual strengths and will be appropriate to ensure they remain at home as independently as possible to reduce dependency and increase individual confidence".

What people told us

Due to current Covid-19 restrictions, we were unable to carry out home visits to people receiving a service. To gather people's views, we spoke with 19 service users or their relative/representative and staff by telephone.

Most people told us that they were satisfied with the care and support provided by Avenue and had good relationships with the staff. The areas that people were not so happy with are addressed within this report.

From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	4 - Good
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

The service was performing at a good standard and continued to develop ways to improve the service to promote good outcomes for people who experience it.

Discussions with people who use the service and their relatives was mostly very positive. People said their regular carers were excellent and they had a good rapport and relationship with them. People told us that they felt respected and their views were generally valued.

People should feel confident in their care and support because they know the staff. Some people did not always know the staff who were supporting them or their relative and this raised anxieties. Some people told us they weren't always informed if their regular carer couldn't attend or if they were running late. The manager was aware of this and had recently implemented new systems to prevent this happening. For example, the service was developing a team approach in each area and was aiming to ensure every member of each team was known to each service user. This should ensure that if their regular carer is absent for any reason, they would always be supported by someone they had met before. A recent organisational audit contained a compliment on the high percentage of continuity of carers for service users in Fife where the new approach was being piloted. This was being rolled out across all areas.

A real time monitoring system had been in place for five weeks. This highlighted when staff logged in and out of each visit, therefore any late/missed visits should be picked up. The system was on a real time rolling report on a large screen in the office which alerted the managers to find out the reason for late visits and make the appropriate phone calls. This has resulted in several service users being re-assessed and support packages being increased/decreased to meet their needs. The next phase of the system was to introduce another screen into the administrators' office who will then be responsible for contacting staff and service users if the system highlights overdue visits; we have made an area for improvement (1) regarding this. The system generates a report each week for the manager detailing staff compliance, and non-compliance is addressed with each staff member.

People told us that they were involved in developing and reviewing their personal plan. We found that the plans contained detailed information on people's abilities and needs. Clear information on how to support individuals' needs formed part of their personal plan which promoted consistency of care and good outcomes for people. Risk assessments were detailed and updated when there was a change in circumstances which meant people were kept safe. The service aimed to review individual personal plans every six months, however, some were overdue. The manager said this would be fully addressed when the new field supervisor started, which was imminent.

People told us that communication was good; information letters had been sent out to service users when there was a possibility that changes may be required due to the pandemic. Fortunately no-one's support package had been changed unless they had requested it. Extra courtesy calls had been made to service users to ensure their wellbeing wasn't being affected by loneliness. We suggested information about the responsibilities of staff and service users on how to keep everybody safe throughout the pandemic be issued to service users. The manager agreed and said this would be done.

The way people receive their medication from staff should be safe and they can be reassured that there is an effective system to make sure that they are offered the correct medication at the right time. We looked at medication records and systems and found them to be in order and staff had undertaken medication administration training.

People said that they had confidence in the skills and abilities of staff. All staff had registered or were in the process of becoming registered with the Scottish Social Services Council. This meant people were supported by knowledgeable, professional and skilled staff.

We reviewed the accident and incident records held by the service and saw that they were completed fully and handled correctly. Where necessary they had been notified to the Care Inspectorate.

The service had a complaints procedure in place and we saw that the procedure was adhered to when complaints were received. Service users told us they knew who to contact if they had any complaints or concerns.

Areas for improvement

1. In order to ensure positive outcomes for people who use this service and maintain open lines of communication, the provider should implement robust systems to ensure that people are notified timeously of any changes to expected visit times.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

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.

Our focus in this inspection was to establish if people's health and wellbeing benefited from their care and support in relation to the Covid-19 pandemic. We found the strengths outweighed weaknesses, resulting in an evaluation of 'good' in this area of inspection. These strengths had a positive impact on people's experience and outcomes.

Induction training for new staff had been adapted to ensure new carers undertook appropriate training for their role under the difficult Covid-19 pandemic circumstances.

The infection prevention and control training had been updated to include Covid-19 legislation and best practice. Infection prevention and control training had been provided. Carers were sent up-to-date guidance on Covid-19 related infection prevention and control from Health Protection Scotland, NHS and the Scottish Government regularly from the training officer. They also had the opportunity to apply for more advanced certificated training run by the NHS which was being encouraged by the service.

We could see that the service was responsive to people's healthcare needs during the pandemic. There was evidence of referrals to external professionals to support people with non-Covid-19 related issues. It was also clear that staff were considering possible Covid-19 related symptoms that people presented with and were discussing these with the relevant people. We were able to confirm that staff testing was being carried out as part of this approach.

We found the service had good supplies of Personal Protective Equipment (PPE) and staff knew how to access it. People who use the service told us staff were vigilant about the appropriate use and disposal of PPE which made them feel safe during visits.

In the main, staff travel to and from in their own car. If car sharing was necessary, protocols were in place taking cognisance of the latest guidance. This minimised the risk of transmission of infection.

7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care.

People who use care services should feel confident that staff arrangements are responsive to their changing needs, with staff having the right skills and knowledge to improve outcomes. We found the strengths outweighed weaknesses, resulting in an evaluation of 'good' in this area of inspection.

The new 'teams' approach in geographical areas meant smaller teams of care staff visited people as per Covid-19 guidance. This had been achieved well in the pilot area and was being rolled out across all areas. Recruitment was ongoing and challenging but had not had a detrimental impact on service delivery.

Staff spoken with verified they were kept informed of updated guidance by the training manager. Competency based observations of staff were being carried out. These checks informed and assured managers that staff were skilled, confident and competent in areas of infection control to keep people safe.

Staff told us they found management approachable, supportive and could always contact someone via the phone for advice. The organisation had employed a wellbeing officer predominantly for staff to enhance their wellbeing. Some staff supervisions were behind schedule but the manager stated this will be remedied when the new field supervisor started which was imminent.

The service had a contingency plan in place should staff numbers be depleted due to the pandemic.

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 service users have continuity of care. In order to achieve this the provider must develop an effective system that monitors the consistency of carers. This should include a record of any changes, the reason for changes and the communication with clients in advance informing them of who will be visiting.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 2011/210: 3a Regulation relating to the main principles to be promoted by providers and services and 4a Regulation regarding the welfare of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

Timescale: To commence on receipt of this report and be fully implemented by 2 September 2019.

This requirement was made on 19 July 2019.

Action taken on previous requirement

Obviously during the pandemic, the rate of staff absence had increased, therefore continuity of staff could not always be guaranteed. However, the service had developed teams of staff in the Fife area and was aiming to ensure every member of each team was known to each service user. This should ensure that if their regular carer is absent for any reason, they will always be supported by someone they have met before.

An operations manager carries out a weekly quality assurance audit and the most recent one contained a compliment on the high percentage of continuity of carers for service users in Fife. This highlighted outcomes for people were improving and the 'teams' approach was being rolled out to all other areas.

Met - outwith timescales

Requirement 2

The provider must ensure that the service is provided at the agreed times, and in such a way that meets the identified needs of the service user as recorded in their support plan.

This is in order to comply with The Social Care and Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 210, Regulation 3a Regulation relating to the main principles to be promoted by providers and services and Regulation 4(1)(a) a Regulation regarding the welfare of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

Timescale: To commence on receipt of this report and to be fully implemented by 2 September 2019.

This requirement was made on 19 July 2019.

Action taken on previous requirement

A real time monitoring system had been in place for five weeks. It highlighted when staff logged in and out of each visit, therefore any late/missed visits should be picked up and dealt with. The system is on a real time rolling report on a large screen in the office which alerts the managers to find out the reason for late visits and make the appropriate phone calls. This had resulted in several service users being re-assessed and support packages being increased/decreased to meet their needs. Due to other managerial roles and responsibilities, occasionally people had not been called to inform them the carer was running late.

The next phase of the system was to introduce another screen into the administrators' office who will then be responsible for contacting staff and service users if the system highlights overdue visits. We have made an area for improvement (1) regarding this. The system generates a report each week for the manager detailing staff compliance, and non-compliance is addressed with each staff member.

Met - outwith timescales

Requirement 3

In meeting this requirement the provider will provide people with confidence that the service is consistent and reliable in who is delivering the care, the timing and that the quality is assured.

The provider must:

- a) through consultation with significant people (supported people, their representatives and care staff) make improvements to the visit planning and scheduling systems so that people have all their visits assigned at agreed and consistent times, taking into account people's medication and personal care regimes
- b) make sure people had consistency of care so that regular and familiar care staff were visiting people to provide them with their planned, personal support
- c) commence the use of the visit monitoring system, by relevant office staff monitoring care visits throughout the day and by on-call when the office is closed, to ensure support is reliable and provided at the agreed time and for the duration it has been assessed as necessary to meet those needs
- d) commence the use of alerts on the visit monitoring system in a planned and phased way, firstly prioritising time critical visits
- e) have an effective system in place to inform people if there will be changes to the time of a planned care visit which is outwith the agreed window of arrival
- f) not make permanent changes to agreed visit times without first consulting with the supported person and/or their third-party representative

- g) maintain a log of all missed visits along with the reason they occurred and the actions taken to reduce the risk of a visit being missed in future
- h) make sure that when there is a missed visit, or staff cannot gain access to a person to provide their care and support, that the person's named contacts and the people who commission their care are informed without delay, so they can take action to make sure the person is safe and looked after.

This is in order to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards which states, 'I use a service and organisation that are well led and managed' (HSCS 4.23) In meeting this requirement people will have confidence that the provider makes proper provision for their health, welfare and safety.

Timescale: To commence on receipt of this report and to be fully implemented by 30 September 2019.

This requirement was made on 30 July 2019.

Action taken on previous requirement

This requirement is met and details can be found under the 'action taken on requirement' sections in requirements (1) and (2) above.

Met - outwith timescales

Requirement 4

In meeting this requirement the provider will provide people with confidence that all care staff who support, supervise and manage care have applied to register with the Scottish Social Services Council (SSSC) as required by law.

The provider must:

- a) make sure that all staff who are required to be registered with the SSSC, have applied to register
- b) have in place a system that makes sure staff apply to register with the SSSC within the timescales set by the SSSC
- c) take appropriate and necessary action with any staff member who does not apply to register with the SSSC within the timescales set by the SSSC and by the provider. We gave the provider a copy of the joint Care Inspectorate and SSSC guidance on the legal requirement for staff to be registered within the timescales set by the SSSC.

This is in order to comply with Regulation 9 (1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - A provider must not employ any person in the provision of a care service unless that person is fit to be so employed. This is also in order to comply with The Registration of Social Workers and Social Service Workers in Care Services (Scotland) Regulations 2013 (SSI 2013/227).

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

Timescale: To commence on receipt of this report and to be fully implemented by 30 September 2019.

This requirement was made on 30 July 2019.

Action taken on previous requirement

The operations manager provided the manager with a monthly report of each staff member's SSSC registration status. It was the manager's responsibility to deal with any non-compliance issues.

Met - within timescales

Requirement 5

In meeting this requirement the provider will provide people with confidence that if they have a concern or complaint it will be logged and acted on appropriately.

The provider must:

- a) have a clear and concise complaints procedure which provides guidance to staff on how to record and escalate a complaint
- b) make sure staff are informed of how to use this procedure and be knowledgeable in complaints handling
- c) ensure any complaint made to the service is acknowledged and fully investigated and responded to
- d) make the complaints procedure available to all supported people and their representatives
- e) process all expressions of dissatisfaction/concerns on a similar basis as formal complaints to ensure they are followed-up and action taken, to find resolutions to improve care and support
- f) audit complaints and expressions of dissatisfaction to identify any trends to inform the service's continuous improvement.

This is in order to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Care Standards which states 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21).

Timescale: To commence on receipt of this report and to be fully implemented by 30 September 2019.

This requirement was made on 30 July 2019.

Action taken on previous requirement

The complaints policy was updated on 29 May 2020. It contained enough information to guide staff on how to deal with a complaint including how to escalate a complaint.

Staff were aware of their responsibility to inform managers of any concerns and complaints. Management spoken with during the inspection were aware of the complaints procedure.

The only complaints received by the service since the previous inspection were missed visits highlighted by service. We saw the complaints procedure had been adhered to, letters of apology sent to service users, and staff invited to attend fact finding meetings to discuss and reflect on their actions.

Information on how to make a complaint including details of the Care Inspectorate was included in the service users' handheld record.

Met - within timescales

Requirement 6

In meeting this requirement the provider will provide people with confidence that the service has robust and transparent quality assurance processes to support a culture of quality assurance and continuous quality improvement.

The provider must:

- a) make sure there is responsive answering of telephone calls, passing on messages to relevant people, and replying to requests to return phone calls
- b) check the quality of the service with supported people and their representatives on a regular basis, for example, through service reviews, spot checks, telephone checks and satisfaction surveys
- c) implement appropriate auditing systems for internal processes relevant to the service. This is to include (but not restricted to) auditing: 1. Care staff visit records 2. Visit arrival and departure times and length of visits 3. Missed visits 4. Consistency of staffing 5. Complaints and expressions of dissatisfaction 6. Staff registration with the Scottish Social Services Council (SSSC) within the timescales set by the SSSC.

This is in order to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards which states that 'I use a service and organisation that are well led and managed' (HSCS 4.23).

Timescale: To commence on receipt of this report and to be fully implemented by 30 September 2019.

This requirement was made on 30 July 2019.

Action taken on previous requirement

The administration staff diverted office phones to the on-call mobile every night at 5pm, waited for five minutes and called every office number to ensure the diversion had worked. There was an on-call rota for out of hours.

Telephone reviews, courtesy calls and spot checks by management were carried out to check the quality of service people were receiving and encourage suggestions for improvement. We were satisfied that the quality assurance processes in place were being monitored, evaluated and effective.

Met - within timescales

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

Areas for improvement

Previous area for improvement 1

In order to ensure positive outcomes for people who use this service, the provider should implement robust systems to ensure close monitoring of visits at all times. This is to make sure that people's visits are carried out at the agreed times and that staff are alerted to and can take prompt action(s) to address any potential missed/late visits.

This is to ensure that care and support is consistent with Health and Social Care Standards which states that 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 30 July 2019.

Action taken since then

This area for improvement was met and details can be found under the 'action taken on requirement' sections in requirements (1) and (2) above.

Previous area for improvement 2

Individual agreed preferences/choice about how people wish to be kept informed should be clearly recorded for staff to consistently follow in the absence of the main point of contact.

This is to ensure that care and support is consistent with Health and Social Care Standards which states that 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 30 July 2019.

Action taken since then

We saw that personal plans contained all details of next of kin and points of contact. E-mail addresses were used for communication purposes for those who preferred it.

This area for improvement was met.

Previous area for improvement 3

In order to improve outcomes for people who use this service, the provider should further develop robust systems to ensure that when they are notified that care packages are to be reinstated, that this information is clearly recorded, and appropriate actions are taken to ensure that the visit is allocated and carried out at the scheduled visit time.

This is to ensure that care and support is consistent with Health and Social Care Standards which states that 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 30 July 2019.

Action taken since then

We saw that when a service user was admitted into hospital the service called the hospital every day to enquire about a discharge date and liaised with the local authority to ensure the service was ready to be delivered at the scheduled time.

This area for improvement was met.

Previous area for improvement 4

In order to ensure positive outcomes for people who use this service and maintain open lines of communication, the provider should introduce contingency arrangements to be implemented should a fault be detected on the main office line.

This is to ensure that care and support is consistent with Health and Social Care Standards which states that, 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 30 July 2019.

Action taken since then

The service had a contingency plan in place. If the phone lines go down for any reason the service's IT department can remotely divert main office lines to any on call mobile.

This area for improvement was met.

Previous area for improvement 5

In order to ensure positive outcomes for people who use this service, the provider should conduct a review to establish if any additional safeguards are required as a means of contacting people who use the service should staff not receive a reply when visiting. This should be discussed and agreed with people and their relatives or representatives.

This is to ensure that care and support is consistent with Health and Social Care Standards which states that 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 30 July 2019.

Action taken since then

The service had a contingency plan in place. Should staff not receive a reply when visiting, they call the office or on-call mobile who in turn calls the next of kin. If the service user is not located, the service then phones the local authority to enquire about any further information they may have, for example if there has been an emergency admission to hospital. The local authority can also try to contact the service user using the call alarm when appropriate. If unsuccessful the service will then contact the police. Staff spoken with during the inspection told us they knew the procedure.

This area for improvement was met.

Previous area for improvement 6

In order to ensure positive outcomes for people who use this service and maintain open lines of communication. The provider should implement robust systems to ensure that people are notified timeously of any changes to expected visit times.

This is to ensure that care and support is consistent with Health and Social Care Standards which states that 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 30 July 2019.

Action taken since then

A real time monitoring system had been in place for five weeks. It highlighted when staff logged in and out of each visit, therefore any late/missed visits should be picked up and dealt with. The system was on a real time rolling report on a large screen in the office which alerted the managers to find out the reason for late visits and make the appropriate phone calls. So far this had resulted in several service users being re-assessed and support packages being increased/decreased to meet their needs. Due to other managerial roles and responsibilities, occasionally people had not been called to inform them the carer was running late.

The next phase of the system was to introduce another screen into the administrators' office who will then be responsible for contacting staff and service users if the system highlights overdue visits. The system generates a report each week for the manager detailing staff compliance, and non-compliance is addressed with each staff member.

Although much improvement has been made, we were not satisfied this area for improvement is fully met. Therefore it remains outstanding until the next phase of the real monitoring time system has been implemented and evaluated.

Previous area for improvement 7

In order to ensure positive outcomes for people who use this service, the service provider should further develop robust processes to ensure that care and support is provided in a planned and safe manner.

This is to ensure that care and support is consistent with Health and Social Care Standards which states that '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 30 July 2019.

Action taken since then

Care plans we looked at provided enough information to guide staff on how to best support people in a planned and safe manner.

This area for improvement was met.

Previous area for improvement 8

The provider must introduce robust systems to ensure that clients are fully informed, within a sufficient timescale of their care and support arrangements for the following week. This should be made available in a format that is right for them.

This is to ensure that care and support is consistent with Health and Social Care Standards which states that 'I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11).

This area for improvement was made on 30 July 2019.

Action taken since then

Rotas were sent out to people every week either by e-mail or post. The administrator had a list of those who prefer a hard copy and posted them every Friday afternoon. We suggested documenting people's preferences in their care plans to ensure this information is available for all staff. The manager said this will be addressed and information will be added to the personal plan.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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 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
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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