

## Jesmond Care Home Care Home Service

Bridge of Don  
Aberdeen  
AB22 8UR

Telephone: 01224 701 820

**Type of inspection:**  
Unannounced

**Completed on:**  
10 November 2022

**Service provided by:**  
Renaissance Care (No1) Limited

**Service provider number:**  
SP2011011731

**Service no:**  
CS2018369775

## About the service

Jesmond Care Home is a three-storey purpose-built care home located in the Bridge of Don area of Aberdeen. The service is operated by Renaissance Care (No1) Limited.

The service is registered to provide a care service for up to 65 older people. All bedrooms have en suite toilet and showering facilities. There are large communal lounges and dining areas on the ground and middle floors. There are also smaller lounge/quiet rooms available on the ground and middle floor. One of the lounges on the ground floor has been turned into a café style facility. The service is close to a local church, shops, and cafés.

## About the inspection

This was an unannounced inspection which took place on 2 November 2022 between 11:00 and 13:30. A further visits took place on 3 November 2022 between 08:30 and 11:00 and 10 November 2022 between 09:00 and 15:00. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke or made contact with eight people using the service
- spoke or made contact with 14 of their friends and family members
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- The service had made good progress in addressing the outstanding requirements and areas for improvements.
- We received very mixed feedback about the service and carers.
- Care was not always well-coordinated resulting in inconsistent care and support.
- Staff were focused on completing care tasks and if time allowed, they were able to support people with living their best lives.
- The care planning systems should be further developed to reflect the people's care and support needs.

## From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

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

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Three requirements and two areas for improvement were made since the previous inspection. Since then, the service had put action plans in place to manage the improvements needed. The service had made significant improvements in addressing the requirements and areas for improvements. Two requirements and both areas for improvements were met. However, concerns remained around care not being well coordinated and how care is planned. Therefore, we have restated this requirement with a new timescale of 31 March 2023. **(See 'What the service has done to meet any areas for improvement we made at or since the last inspection', requirement 1 and 'How well is our care and support planned?').**

We received very mixed feedback about the service and carers. Relatives said, "very pleased with the standard of care that dad has been receiving" and "I am very pleased with Jesmond and feel that the staff put a vast amount of effort into dad's care, welfare and wellbeing." However, there were concerns around the consistency of the quality of care provided. Relatives stated, "I often find dad wet", "not much in the way of social activities to keep the residents entertained" and "residents can walk into mum's room at will, even when her door is shut. She has to ask them to leave. Staff say this is just what some resident's tend to do".

There were activities organised most days by the activity coordinator and care staff when time allowed. Activities often took place in groups in the lounge area or specific one to one activities, such as nail care. A lady took delight in showing us her lovely painted nails and spoke highly of her time with the activity coordinator. Some people said they liked the activities on offer. Despite this, people spent long periods of inactivity, either in the lounge or within their bedrooms. This could have been improved by care staff interacting with people. Staff were focused on care tasks and routines, such as setting tables. The direct care staff, in addition to the activity coordinator, need to take individual responsibility to ensure everyone has meaningful interactions as part of their everyday care and support. Improvements are needed to enhance the quality of people's days to ensure they are meaningful and fulfilling. The management team had identified these issues and had recruited another activity coordinator to begin to address this.

Staff were not encouraging or supporting people to mobilise or change position, despite being requested to. People were left sitting for extended periods of time. People were not always offered to come to the dining tables for lunch or to go to the toilet. As a result, there was an increased risk of people's skin becoming sore or broken. People's mobility and continence was not being promoted. **(See requirement 1 and 2.)**

There were not always clear strategies in place to support people who were distressed or anxious. Although staff were acting with the best intention, care and support was inconsistent. As a result, people were at risk of being ignored or dismissed as staff were unsure of how to reassure a person. As a consequence, people were not receiving the care and support that was right for them. **(See requirement 3 and 'How well is our care and support planned?').**

Although people appeared well presented, they were not always encouraged or supported in a proactive, positive manner to bath or shower on a frequent basis. People had bath or shower days, if a person declined their bath or a shower staff did not try to pursue this further. One family had lost confidence in staff and came into the home to bathe their relative themselves. Staff were confused over which baths and

showers were fully functioning within the home. This meant that people's personal hygiene needs were not being fully supported. **(See requirement 3 and 'How good is our setting'.)**

The communication between staff within the home remained inconsistent. The detailed handovers and written summaries implemented prior to the last inspection, which held key information to support people's needs, were not being used consistently. There was still a concern that staff were unaware of key information regarding people's changing needs. For example, where a person's catheter was removed, there was no information on how staff were to support and promote this person's continence needs. Detailed information relating to people's support needs, for example, physio exercises to support a person with a frozen shoulder were not readily available to the direct care staff. Given our findings in relation to personal hygiene, mobilising and pressure care management, there was an increased risk that people's care and support may be inconsistent or compromised. **(See requirement 3.)**

People were receiving medication as prescribed. Documentation, assessments, and care planning to support people's pain management were not in place or being used in a consistent manner. As a consequence, people potentially may not be receiving their pain medication when they required it. **(See 'How well is our care and support planned?')**

Information regarding Power of Attorney records were held within people's care plans. Staff were good at informing people of changes in their relative's care. However, staff were not consistent at involving families in the decision making process regarding people's health and wellbeing. As a result, families had not always been able to exercise their legal duty to oversee lifestyle, health, and welfare decisions about their relative. **(See requirement 3.)**

Staff were supporting people to ensure they enjoyed their meals. We saw some kind and caring interactions by staff to encourage people with their meals. Most people spoke highly of the meals. The service had taken positive actions to ensure that the detailed information on people's dietary requirements was readily available to staff and staff had a better understanding of people's needs. Staff were monitoring people's food and fluid intake in a manner that supported people's health and wellbeing. Staff need to be reminded that the documentation in place to monitor people's intake should be completed accurately. This would ensure that people's dietary requirements are evaluated correctly and the changing needs of those they support are responded to appropriately.

The service had effectively implemented the Scottish Government Open with Care guidance which meant that people were being supported to manage their relationships with those important to them. Families and friends could visit when people wished them to, while still ensuring safety protocols were being followed. People were enjoying being together again. The home could develop processes, to support people to remember and celebrate important events in their family life, such as anniversaries and grandchildren's birthdays.

The service had enhanced their infection prevention and control (IPC) practices. We found the home and equipment to be clean and in a good state of repair. The housekeeping staff were knowledgeable about the cleaning products and the schedules for using them. The IPC lead monitored and assessed staff competencies and compliance. Care staff also had a good knowledge of what they could do to minimise risk. As a result, this helped reduce the spread of infection which, helped to keep people safe.

We found that personal protective equipment (PPE) was readily available. Handwashing facilities and hand sanitiser were available throughout the home. This contributed to ensuring possible cross infection was minimised.

## Requirements

1. By 31 March 2023 the provider must ensure people living in the care home are encouraged and supported to maintain their mobility. To do this the provider must, at a minimum:

- a) ensure all staff understand the benefits of promoting mobility
- b) ensure people are supported to use their mobility aids
- c) ensure people are encouraged and supported to change position frequently.

This is to comply with Regulation 4(1)(a) (welfare of service users) 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 Social Care Standards (HSCS) 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 1:16).

2. By 31 March 2023 the provider must support people to maintain their normal bowel and bladder function. To do this the provider must, at a minimum:

- a) ensure all staff understand the benefits of promoting continence
- b) ensure people are supported and prompted to use the bathroom at frequent intervals
- c) ensure people's continence garments are checked and changed as required.

This is to comply with Regulation 4(1)(a) (welfare of service users) 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 Social Care Standards (HSCS) 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 1:16).

3. By 28 January 2022 the provider must ensure people living in the care home experience well-coordinated care. The provider must undertake a review and improve how information is shared with staff to support consistent, good quality care. This should include promoting good practice, role modelling and supporting a positive culture within the service.

This is to comply with Regulation 4(1)(a) (welfare of service users) 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 Social Care Standards (HSCS) which states that:

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

A further extension to this timescale has been agreed of 31 March 2023.

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service had implemented detailed action plans following our previous visits. However, these plans were not always shared with staff. Concerns raised by families were not fully addressed by the management team and changes to practice were not fully implemented. As a result, cultural and practice changes were not sustained. A relative expressed concern that "we were promised reviews, meetings with staff and info regarding who key workers were etc. which lasted about 2 to 3 months". This meant there was not a consistent focus on making the changes that were necessary in order to improve people's experiences. Systems and processes were being expanded to support better oversight of people's experiences. This included the role of team leader to support the Registered Nurses. **(See requirement 1.)**

The service need to develop a formal improvement plan. We discussed the need for an improvement plan and the benefits of this being used as a live document, that staff are aware of, to support improvements in people's experiences of care. Having an improvement plan will support a culture of continuous improvement within the service.

## Requirements

1. By 31 March 2023 the provider must ensure that the quality assurance systems and processes are further enhanced to support better outcomes for people living in the care home. To do this the provider must, at a minimum:

- a) ensure all complaints and concerns are appropriately logged and action is taken promptly to address any indications of poor care provision and to ensure improvements are sustained
- b) implement systems and processes to ensure learning from any concerns, audits and from people's experiences are shared with all staff, to ensure practice changes are implemented and sustained.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 15 (Staffing) 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 Social Care Standards (HSCS) which state that:

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

## How good is our staff team?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We acknowledged the widespread difficulties in recruiting staff in the care sector. The service was actively recruiting for staff, especially for Registered Nurses. This has obviously had an impact on the outcomes for people, especially in relation to their care and support and their experiences of living at Jesmond. We received mixed feedback regarding staff. Some relatives spoke very highly of specific members of staff, while others were described as rude. Relatives raised concerns over the lack of continuity of staff, "her 3 key workers have all left and I've never been told who her new ones are." Concerns regarding staff attitude

and culture have not been fully addressed by the management team. (See 'How good is our leadership?')

The management team had begun to review the leadership on each shift to ensure effective role modelling and coordinated care. We saw that some staff required further guidance and support to ensure their decision making around people's wellbeing was appropriate. For example, there was a risk that an 'as required' medication may have been given inappropriately, had senior more experienced staff not been present. Further training, support and experience would support decision making and ensure people get the right care and support at the right time. (See requirement 1.)

The management team were reviewing how staff were deployed in the home on a daily basis. This assisted in ensuring that the staffing levels and deployment of staff was based on people's direct care needs and dependencies. Staffing levels were based on individuals care needs. As a result, staff were focused on completing care tasks and if time allowed, they were able to support people with living their best lives.

## Requirements

1. By 31 March 2023 the provider must ensure people have confidence in staff because they are trained, competent and skilled. To do this the provider must, at a minimum:

- a) ensure all staff undertake a comprehensive induction/development program, suitable to their role or promoted post
- b) provide a supervision and mentoring program that supports, develops and values staff
- c) develop systems to ensure poor practice or decision making is identified and addressed appropriately.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 9 (b)(fitness of employees) 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 Social Care Standards (HSCS) which state that:

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

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The home was warm and welcoming. Staff have begun to take into account of best practice guidance for people with dementia. There was some signage and visual markers, to enable people to move easily and independently around the home. Some bedrooms were homely and contained people's own bits and pieces around them. Some showers and baths were awaiting repair. There was an ongoing issue with the en suite showers on the top and first floor. Due to a design fault the water did not drain properly resulting in the floor flooding. The hot water also required to be run for a while before it reached an appropriate temperature. This was discussed with the management team. Systems and processes need to be developed to manage the short- and long-term drainage concerns. (See area for improvement 1.)

There was an enclosed courtyard garden. This area was not being used at the time of the inspection. People could not independently use this, they had to rely on staff opening the door to the garden area. The



management should consider ways in which this space could be made more accessible to people without them having to ask staff. A new bar area had been developed for people and their families to use. One family were happily taking their relative to this area to spend some time.

There was plenty of social space. People could choose where to spend their time. Many people chose to spend the majority of time in their bedrooms. The home was decorated to a good standard and well maintained. The home has an intermittent issue with unpleasant smells. Some areas within the home were found to smell faintly of urine. Staff need to be vigilant to ensure that continence concerns and issues are addressed and managed appropriately to ensure the issues do not reoccur.

### Areas for improvement

1. To ensure the service users have a nice place to stay, the provider must develop and implement a strategy or policy on the safe use of the en suite showers, water temperature and drainage. This should be linked to the service's overall improvement plan.

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

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

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Care and support plans held some important and relevant information, but there remained significant gaps within some people's plans. Where the information had been evaluated and assessed it did not always reflect people's current or changing needs. Therefore, appropriate action had not been taken promptly to address concerns. Lack of the most up to date information on how to provide appropriate care and support was not available. Subsequently, this increased the likelihood of care and support being compromised due to the limited evaluation and assessment of risk. Important information was inconsistently recorded. This meant that vital changes in people's care were missed by staff. The support plans, especially on the first floor, were not person-centred, or meaningful to each individual person. As a result, people's choices and wishes were not fully acknowledged by staff. People were not always receiving the care that was right for them. The management team had identified these issues and were in the process of implementing a new electronic care planning system which will address all these gaps within the documentation. **(See area for improvement 1.)**

### Areas for improvement

1. To support people to experience care and support which is consistent, safe, and meets their needs, the provider must ensure personal plans are written in a personalised, individualised manner and reflect people's choices, wishes and views. This should include but not limited to:

- a) ensuring detailed strategies to support people with stress or distress and pain management
- b) ensure staff have a clear understanding of their role regarding skin integrity, catheter care, promoting continence and promoting mobility

- c) ensure all care plans and assessments are effectively and accurately evaluated and changed in needs are promptly addressed
- d) ensure the legal powers or delegated powers around Power of Attorney (POA) are detailed
- e) ensure POA are consulted and are supported to exercise their legal duty to oversee lifestyle, health, and welfare decisions about their relative.

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

'My personal 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).

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

### Requirements

#### Requirement 1

By 28 January 2022 the provider must ensure people living in the care home experience well-coordinated care. The provider must undertake a review and improve how information is shared with staff to support consistent, good quality care. This should include promoting good practice, role modelling and supporting a positive culture within the service.

This is to comply with Regulation 4(1)(a) (welfare of service users) 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 Social Care Standards (HSCS) which states that:

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

**This requirement was made on 16 February 2022.**

#### Action taken on previous requirement

Although some improvements were made, this requirement was not met and will be restated with a new agreed timescale of 31 March 2023. (See 'How well do we support peoples wellbeing?' requirement 3.)

**Not met**

#### Requirement 2

The provider must be able to demonstrate that where a service user is in pain or is assessed as being 'at risk' of developing pain, proper systems have been put in place and implemented to address this. The provider must:

- a) ensure that people are provided with safe and effective support to meet their medication needs.
- b) ensure that people's pain is managed effectively by considering how pain is assessed, treated, monitored and reviewed.
- c) ensure that there is a detailed, person-centred care plan in place for people who are 'at risk' of developing pain with the aim of supporting comfort and wellbeing.

To be completed by: 15 October 2022

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

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 requirement was made on 17 August 2022.**

#### Action taken on previous requirement

This requirement was met. See 'How well do we support people's wellbeing?'. The service has made improvements in addressing this requirement. However, these practices need to be embedded into culture and practice, to ensure that these improvements are sustained. Outstanding concerns will be addressed through an area for improvement in 'How well is our care and support planned?'

#### Met - outwith timescales

### Requirement 3

The provider must make provision for the health, welfare and safety of people using the service, in particular the provider must:

- a) ensure people's care and support plans fully set out their needs and how their needs are to be met.
- b) ensure catheter care guidance is fully recorded in the care plan.
- c) ensure catheter care, including the draining of catheter bags is undertaken at frequent intervals and as required.
- d) ensure adequate oversight of supplementary records to ensure people's needs as described in the care plan, are being met.

To be completed by: 15 October 2022

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

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 requirement was made on 17 August 2022.**

#### Action taken on previous requirement

This requirement was met. See 'How well do we support people's wellbeing?' The service has made improvements in addressing this requirement. However, these practices need to be embedded into culture

and practice, to ensure that these improvements are sustained. Outstanding concerns will be addressed through an area for improvement in 'How well is our care and support planned?'

**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

To support positive outcomes for people who use this service, the provider should further develop robust systems to improve lines of communication. To achieve this:

- Staff must be able to demonstrate through their practice that they have a clear understanding of the role of the Power of Attorney.
- Staff must be able to put into practice their role and responsibilities where Power of Attorney are in place.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that:

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

**This area for improvement was made on 13 December 2021.**

#### Action taken since then

See 'How well do we support people's wellbeing?' The service has made improvements in addressing this area for improvement. However, these practices need to be embedded into culture and practice, to ensure that these improvements are sustained. Outstanding concerns will be addressed through requirement 3.

#### Previous area for improvement 2

To improve the provision and quality of food and fluids, the service should:

- a) continue with their plan to fully review menus within the service, considering people's likes, dislikes and preferences.
- b) ensure that people are supported to attain good posture for eating and drinking, and that people can comfortably reach the table.
- c) ensure food is presented in an attractive manner, using appropriate crockery.
- d) fully review mealtime service to ensure that people are well supported in an unhurried manner, without experiencing unnecessary delays in the serving of food.
- e) ensure that people have access to fluids at all times.

This is to ensure care and support is consistent with Health and Social Care Standard 1.33: I can choose

suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.

**This area for improvement was made on 17 August 2022.**

## Action taken since then

See 'How well do we support people's wellbeing?' The service has made improvements in addressing this area for improvement. However, these practices need to be embedded into culture and practice, to ensure that these improvements are sustained. Outstanding concerns will be addressed through requirement 3.

## Previous area for improvement 3

In order to ensure people are confident that staff respond promptly, including when they ask for help, the service should:

- a) ensure that staff respond promptly when people summon assistance.
- b) ensure people using the service have access to call bell devices at all times.
- c) ensure adequate oversight of response time data as part of quality assurance processes.
- d) ensure adequate investigation into delays in call time responses.

This is to ensure care and support is consistent with Health and Social Care Standard 3.17: I am confident that people respond promptly, including when I ask for help.

**This area for improvement was made on 17 August 2022.**

## Action taken since then

This area for improvement was met. However, this practice needs to be embedded into culture and practice, to ensure that these improvements are sustained.

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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