

Orchard House Nursing Home Care Home Service

Orchard House
Crossford
Carluke
ML8 5PY

Telephone: 01555 860 486

Type of inspection:
Unannounced

Completed on:
14 October 2022

Service provided by:
Enhance Healthcare Ltd

Service provider number:
SP2012011938

Service no:
CS2014323294

About the service

Orchard House Nursing Home was registered with the Care Inspectorate on 20 November 2014. The service is provided by Enhance Healthcare Ltd. The service is a nursing home that provides accommodation, care and support for a maximum of 44 older people, including a maximum of eight adults, 50 years and over with conditions associated with ageing.

The home is an extended period stone villa over three floors, situated outside the village of Crossford, South Lanarkshire. Orchard House is set in extensive, landscaped grounds with views over the surrounding countryside.

People experiencing care have access to a shared dining room and the use of two large communal lounges. The home has two further rooms for activities, a quiet library area on the first floor in addition to an enclosed garden and courtyard for people to use.

At the time of the inspection there were 36 people living at the home.

About the inspection

This was an unannounced follow up inspection which took place on 13 October between 09:00 and 17:45. 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 with people using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents

Key messages

- Staff treated people experiencing care with dignity and respect.
- People and their family members were supported well to share meaningful contact and time together.
- A new manager had been appointed and was making improvements to communication within the team.
- Opportunities should be increased for people to engage in meaningful activities.
- Personal plans (sometimes referred to as care plans) should be improved to ensure that care and support is consistent.
- Further training opportunities for staff are needed to support learning around best practice and up to date guidance.
- The provider should improve the quality and accuracy of monitoring records, particularly around falls.

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 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 visited the home on 13 October 2022 to follow up on progress made in relation to requirements and areas for improvement relating to this key question. The provider had submitted an action plan following the last inspection which identified how they would address these.

We continued to evaluate this key question as adequate, where strengths only just outweighed weaknesses.

Since the last inspection there was a new registered manager in place who was making some improvements. Positive action was being taken to develop the service, however further improvements were still required.

We have reported on our findings under the following sections:

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

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

The provider had made some improvements to the service but had not met three of the requirements and five of the areas for improvement under this key question.

Three requirements have been restated relating to: personal plans; falls; and contact with other following in unexpected events. The timescale for the requirements has been extended until 20 January 2023. **See requirements 1, 2 and 3.**

We have restated five areas for improvement relating to: the use of Personal Protective Equipment (PPE); involvement of people in their own care; activities; monitoring records; and personal plans. **See areas for improvement 1, 2, 3, 4 and 5.**

Requirements

1. The provider must ensure that individual's personal plans are up-to-date, are reviewed at least six monthly and provide detailed information to ensure that the care required is accurately documented and delivered. Where there is a specific health care need identified that a relevant care plan is developed and regularly evaluated, to ensure that the individual is appropriately supported by staff who are knowledgeable and competent in managing their needs, including stress and distressed reactions.

Where a risk has been identified there must be a plan in place with evidence of actions to be taken, advice sought with regular evaluations which are regularly reviewed and updated. Where there has been a change in need this must be recorded within all the appropriate sections of the plan and filed within the relevant section of the care plan to avoid confusion when looking for information.

This is to ensure confidence in the people who support and care for me and is consistent with Health and Social Care Standards which state: 'My personal plan (sometimes referred to as a 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) and

The Social Care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4(1) (a) - Welfare of users and regulation 5 (b)(ii)(iii) Personal plans.

2. The service provider must ensure they fully assess and continually monitor the risk for falls in individuals. A falls management care plan must be completed to reflect the needs of individuals. The service provider must ensure ongoing training and monitoring of staff competency in relation to falls management to ensure the safety and wellbeing of individuals.

To be completed by: 07 October 2022

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

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)

3. The service provider must ensure they involve external professionals when unexpected events impact on the health and wellbeing of individuals. They must ensure they respond promptly to requests made by individuals and their families in order to provide responsive care and support.

To be completed by: 07 October 2022

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

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)

Areas for improvement

1. To fully protect people experiencing care, the provider should ensure that all staff are trained in the use of Personal Protective Equipment (PPE).

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

2. To ensure good outcomes for people, the service should use a range of methods to support people are able to review their own care and personal plans in a meaningful way.

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

3. The provider should develop a personalised programme of activities for each resident living in the home. Account should be taken of the abilities, life histories and preferences of the individuals.

This is to ensure that people experience a high-quality care in line with the Health and Social Care

Standards which state: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day'. (HSCS 1.25).

4. To ensure good outcomes for people experiencing care, the service should monitor food and fluid records and ensure there are clear records of the follow up actions taken, when individuals fluid intake target levels are not achieved. (This AFI was made on 2 November 2021.)

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

5. To ensure good outcomes for people experiencing care, the service should ensure support plans contain clear and detailed information about the support to be provided when individuals are transferred to hospital.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

How good is our leadership?

3 - Adequate

We followed up on progress made in relation to areas for improvement relating to effective leadership and management. The provider had submitted an action plan following the last inspection which identified how they would address these.

We continued to evaluate this key question as adequate, where strengths only just outweighed weaknesses.

The manager demonstrated that plans were in place to improve management oversight and quality assurance processes. We found that some of the processes were not being used as effectively as they could. We concluded that the provider's new systems and processes were in their infancy and would take time to have an effect on the service. We look forward to seeing how the new processes impact positively on the quality of the service.

We have reported on our findings under the following sections:

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

How good is our staff team?

3 - Adequate

We followed up on progress made in relation to areas for improvement relating to this key question. The provider had submitted an action plan following the last inspection which identified how they would address these.

We continued to evaluate this key question as adequate, where strengths only just outweighed weaknesses.

We have reported on our findings under the following section:

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

The provider had made some improvements to the service but had not met two of the areas for improvement under this key question.

We have restated two areas for improvement relating to: staff training; and supervision meetings. **See areas for improvement 1 and 2.**

Areas for improvement

1. In order to support people using best practice and guidance, the provider should ensure all staff complete mandatory training in accordance with their own staff induction and training policy.

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).

2. The manager should ensure that all staff are provided with regular opportunities to attend staff supervision meetings in line with company policy. These sessions should be recorded and contain action plans to improve staff knowledge and practice.

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

How well is our care and support planned?

3 - Adequate

We followed up on progress made in relation to areas for improvement relating to this key question. The provider had submitted an action plan following the last inspection which identified how they would address these.

We continued to evaluate this key question as adequate, where strengths only just outweighed weaknesses.

Positive action was being taken to develop the service, however further improvements were still required.

We have reported on our findings under the following section:

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

We have restated one area for improvement relating to anticipatory care planning. **See area for improvement 1.**

Areas for improvement

1. The service should ensure that all people and or their representatives have the opportunity to be involved in recording their anticipatory care plan to meet their needs and wishes.

This is to ensure confidence in the people who support and care for me and is consistent with Health and Social Care Standards which state: 'My personal plan (sometimes referred to as a 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

The provider must ensure that individual's personal plans are up to date, are reviewed at least six monthly and provide detailed information to ensure that the care required is accurately documented and delivered. Where there is a specific health care need identified that a relevant care plan is developed and regularly evaluated, to ensure that the individual is appropriately supported by staff who are knowledgeable and competent in managing their needs, including stress and distressed reactions.

Where a risk has been identified there must be a plan in place with evidence of actions to be taken, advice sought with regular evaluations which are regularly reviewed and updated. Where there has been a change in need this must be recorded within all the appropriate sections of the plan and filed within the relevant section of the care plan to avoid confusion when looking for information.

This is to ensure confidence in the people who support and care for me and is consistent with Health and Social Care Standards which state: 'My personal plan (sometimes referred to as a 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) and The Social Care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4(1) (a) - Welfare of users and regulation 5 (b)(ii)(iii) Personal plans.

This requirement was made on 10 September 2019.

Action taken on previous requirement

The provider had implemented a monthly process for checking people's health and care information, including an evaluation of personal plans. Whilst the process appeared to be useful, we spoke to the management team about how effectively it was being carried out.

On sampling personal plans, we found that the accuracy and quality of information contained within the plans was inconsistent. Some plans had not been updated, were missing details or contained contradictory guidance. We were not assured that personal plans were sufficiently accurate to ensure that the support required would be delivered.

People experiencing care were not regularly consulted about the development of their support and not all six monthly reviews were carried out.

People experiencing care could not always be assured that their needs would be met in line with their wishes and choices. The provider agreed that further improvements were needed to meet the requirement. This included implementing training for staff in person centred care planning.

This requirement has not been met and the timescale will be extended until 20 January 2023.

Not met

Requirement 2

The service provider must ensure they fully assess and continually monitor the risk for falls in individuals. A falls management care plan must be completed to reflect the needs of individuals. The service provider must ensure ongoing training and monitoring of staff competency in relation to falls management to ensure the safety and wellbeing of individuals.

To be completed by: 07 October 2022

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

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 26 August 2022.

Action taken on previous requirement

In order to support monitoring and evaluation of falls risks, the provider had introduced a falls champion. There was a new falls log in place which was monitored monthly and provided good management oversight of falls within the home. We were satisfied that actions following accidents were carried out to ensure safer outcomes for people experiencing care.

We sampled falls assessments in place for people who were at risk. Some of these were inaccurate and we were not assured that all staff were sufficiently trained in how to complete the assessments. We discussed this with the care home manager who acknowledged this was an area for development for staff.

We viewed staff training records which demonstrated that nursing and senior care staff had completed falls training. The care home manager acknowledged that not all staff had been able to undertake this, however it would be provided in future.

Whilst we felt assured that the manager had an overview of the needs of individuals with regards to falls management we observed gaps and inconsistencies in the recording of information. We were concerned that this could lead to poor outcomes for individuals. We concluded that not all areas of this requirement had been met.

This requirement has not been met and the timescale will be extended until 20 January 2023.

Not met

Requirement 3

The service provider must ensure they involve external professionals when unexpected events impact on the health and wellbeing of individuals. They must ensure they respond promptly to requests made by individuals and their families in order to provide responsive care and support.

To be completed by: 07 October 2022

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

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 26 August 2022.

Action taken on previous requirement

The care home manager had introduced new processes to track and monitor concerns raised by residents and their families. We saw that complaints were being addressed in a timeous manner and frequent updates were provided to family members.

Regular meetings were held within the home to improve communication between staff and managers. This gave staff the opportunity to highlight and discuss concerns they had about people experiencing care.

We viewed records which demonstrated that external professionals had been contacted for help and support.

Whilst we saw that external professionals and family were involved in order to ensure the health and wellbeing of people, the tools and processes introduced were new. Due to the short time of their use, we were unable to evaluate how effective they were in meeting the needs of individuals. We agreed to extend the timescale of this requirement in order to give the provider additional time to make the necessary improvements.

This requirement has not been met and the timescale will be extended until 20 January 2023.

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

To support good health and wellbeing outcomes for people, the service should ensure that accurate and contemporaneous records are kept for all documents that support and inform the care plans. This must include, but not be limited to, food and fluid charts, repositioning charts, and topical medication administration charts.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'My care and support meets my needs and is right for me.' (HSCS 1.19).

This area for improvement was made on 22 July 2022.

Action taken since then

Since the previous inspection there were improvements in record keeping and key documentation. This included a variety of charts demonstrating that people had received their expected care and support. This supported good health and wellbeing outcomes for people experiencing care.

This area for improvement is met.

Previous area for improvement 2

To fully protect people experiencing care, the provider should ensure that all staff are trained in the use of PPE.

This is to ensure that care and support is consistent with 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).

This area for improvement was made on 22 July 2022.

Action taken since then

Since the last inspection 83% of staff had received a hand hygiene audit and there had been some observations of staff donning and doffing of PPE carried out. Not all staff had audits or observations undertaken and we were therefore not confident in staff's knowledge and competence in this area.

This area for improvement is not met and we will follow this up at a future inspection.

Previous area for improvement 3

To support good outcomes for people experiencing care, the provider should make further improvements to their quality assurance processes. This should include, but is not limited to, setting tangible targets for identified areas of development and implementing clear systems to ensure agreed actions are met.

This is to ensure that care and support is consistent with 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.' (4.19).

This area for improvement was made on 22 July 2022.

Action taken since then

The new manager had introduced flash meetings to ensure improved management oversight of the home and communication between staff. We saw that actions were documented and followed through with a clear system in place to track progress.

The manager demonstrated effective steps being taken to develop the service's improvement plan, incorporating a self-evaluation using best practice and up to date guidance.

This area for improvement is met.

Previous area for improvement 4

In order to support people using best practice and guidance, the provider should ensure all staff complete mandatory training in accordance with their own staff induction and training policy.

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).

This area for improvement was made on 22 July 2022.

Action taken since then

The provider had set targets for staff in mandatory and specialist training topics. We found however that the compliance in completing training had not improved since the last inspection. Between 61% and 91% of the staff team had completed the required training. Therefore we were not confident that all staff had up to date knowledge of best practice and guidance.

This area for improvement is not met and we will follow this up at a future inspection.

Previous area for improvement 5

To ensure good outcomes for people, the service should use a range of methods to support people are able to review their own care and personal plans in a meaningful way.

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

This area for improvement was made on 22 July 2022.

Action taken since then

Since the last inspection the provider had not introduced new methods to support people to review their own care and personal plans. There was no evidence of how people were engaged in conversations about how they would like their care and support to be delivered. We spoke to the management team to discuss ways in which they could do this and they agreed that action was required to make improvements.

This area for improvement is not met and we will follow this up at a future inspection.

Previous area for improvement 6

The provider should develop a personalised programme of activities for each resident living in the home. Account should be taken of the abilities, life histories and preferences of the individuals.

This is to ensure that people experience a high-quality care in line with the Health and Social Care Standards which state: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day'. (HSCS 1.25)

This area for improvement was made on 22 July 2022.

Action taken since then

The provider informed us that people's birthdays and other major events throughout the year were celebrated. During our visit, staff were putting up decorations in preparation for celebrating Halloween. A visiting hairdresser was also at the home and a small number of people had their hair cut and styled.

We saw that some people had life history information, likes and dislikes written into their personal plans. However the majority of plans that we sampled did not contain this information. Details of activities that

people had participated in were not always documented. During observations we saw that in general people were not actively engaged and stimulated.

The provider informed us that a new activities coordinator was due to take up post in the coming weeks. They were also keen to ensure that activities are promoted and supported by all staff, not just the activities coordinator. We look forward to seeing progress in future visits.

This area for improvement is not met and we will follow this up in a future inspection.

Previous area for improvement 7

The service should ensure that all people and or their representatives have the opportunity to be involved in recording their anticipatory care plan to meet their needs and wishes.

This is to ensure confidence in the people who support and care for me and is consistent with Health and Social Care Standards which state: 'My personal plan (sometimes referred to as a 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)

This area for improvement was made on 23 September 2020.

Action taken since then

The provider had anticipatory care plan templates in place however these were lengthy and only partially completed. We saw gaps in key information, such as 'what matters to me' and 'who should be contacted if I become unwell'. The provider informed us that they had an alternative template which was more suitable and achievable for use within the service.

This area for improvement is not met and we will follow this up at a future inspection.

Previous area for improvement 8

The manager should ensure that all staff are provided with regular opportunities to attend staff supervision meetings in line with company policy. These sessions should be recorded and contain action plans to improve staff knowledge and practice.

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

This area for improvement was made on 23 September 2020.

Action taken since then

The provider had a supervision calendar in place to plan supervision meetings with staff. Meetings that were held with staff were documented and staff had the opportunity to discuss issues in line with company policy. Where guidance was issued, there were no agreed timescales for staff to improve their own practice. We shared examples of best practice and tools that could be used by the provider to ensure staff accountability within their roles.

This area for improvement is not met and we will follow this up at a future inspection.

Previous area for improvement 9

To ensure good outcomes for people experiencing care, the service should monitor food and fluid records and ensure there are clear records of the follow up actions taken, when individuals fluid intake target levels are not achieved.

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 area for improvement was made on 2 November 2021.

Action taken since then

We sampled a number of records for people at risk of malnutrition and dehydration. Whilst food and fluid records were completed, there was inconsistent guidance for staff around daily intake targets. In addition, personal plans did not have clear information for staff as to why food and fluid records were required. The provider should ensure there is clear rationale for maintaining records in order that action can be taken when targets are not met.

This area for improvement is not met and we will follow this up at a future inspection.

Previous area for improvement 10

To ensure good outcomes for people experiencing care, the service should ensure support plans contain clear and detailed information about the support to be provided when individuals are transferred to hospital.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

This area for improvement was made on 2 November 2021.

Action taken since then

We sampled a number of personal plans and anticipatory care plans. Details were not included about the support to be provided when individuals are travelling to hospital.

This area for improvement is not met and we will follow this up at a future inspection.

Previous area for improvement 11

The manager should ensure notifications to the regulatory body are submitted in accordance with the 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.'

This is to ensure care and support is consistent with Health and Social Care Standard 4.18: I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.

This area for improvement was made on 26 August 2022.

Action taken since then

We viewed notifications from the provider including those made for staff Covid-19 absences, accidents and adult support and protection issues. We were satisfied that the provider had improved their reporting to the

Care Inspectorate and other partner agencies where necessary.

This area for improvement is met.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	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
3.2 Staff have the right knowledge, competence and development to care for and support people	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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