

# Rugrats Private Day Nursery Ltd

## Day Care of Children

50 Haddington Crescent  
Broughty Ferry  
Dundee  
DD4 0NA

Telephone: 01382 502 223

**Type of inspection:**  
Unannounced

**Completed on:**  
18 July 2023

**Service provided by:**  
Rugrats Private Day Nursery Ltd

**Service provider number:**  
SP2012011824

**Service no:**  
CS2012308062

## About the service

Rugrats Private Day Nursery Ltd is registered to provide a care service to a maximum of 60 children at any one time as follows:

Within the premises at 50 Haddington Crescent, Dundee DD4 0NA, to provide a care service to a maximum of 32 children under the age of eight years, of whom no more than 12 are less than two years of age.

Within the premises at Whitfield Community Church, Haddington Crescent, Dundee DD4 0NA, to provide a care service to a maximum of 28 children who are attending Primary School. The small hall, quiet room and outdoor spaces may be used within these premises.

At the time of the inspection no children were being cared for at Whitfield Community Church.

The nursery is in a residential area and close to local shops and amenities. The premises has four playrooms, a kitchen area, toilets and reception area. The nursery also has access to two large outdoor play areas.

The nursery is in partnership with Dundee City Council to provide funded early learning and childcare.

## About the inspection

This was an unannounced inspection which took place on 17 and 18 July 2023. 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 children using the service and reviewed six returned questionnaires from families
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

Children benefitted from kind and caring staff who were nurturing in their approach.

Children's safety, wellbeing and welfare was at risk due to ineffective management and knowledge of children's medication and allergy needs.

Ineffective planning processes across the service meant children were not supported to reach their full potential.

Children were happy and enjoying their time at the nursery.

Children's rights were respected as personal care routines were carried out using sensitive and warm interactions.

Robust quality assurance and self-evaluation processes need to be implemented to ensure a culture of continuous improvement.

Children experienced inconsistencies in the quality of mealtimes.

Staff required further support to ensure that infection prevention and control practices are fully embedded in practice and have a positive impact on children's outcomes.

We had significant concerns regarding children's safety when they were playing outside in the nursery garden.

## 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 good is our care, play and learning?	2 - Weak
How good is our setting?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	4 - Good

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

## How good is our care, play and learning?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

### Quality Indicator 1.1: Nurturing care and support

Since the last inspection there had been a significant number of changes within the staff team, which had adversely impacted on most areas of the service provided and therefore outcomes for children. The care and support provided to children needed to improve to ensure they are provided with consistently positive outcomes.

Children benefitted from kind and caring staff who were nurturing in their approach. They treated children with warmth and kindness. As a result, children felt valued and respected and appeared to enjoy their time at nursery. Children were trusting of staff as they provided comfort and reassurance when needed, which supported most children to feel safe and secure. We could see that they were having fun together and that positive relationships between staff and children had been formed. However, staff did not know the needs and preferences of some of the children attending, which meant they did not always receive the support they needed to meet their needs. Personal planning needed to be improved for example, most children's plans were kept in the office and not accessible to staff, which meant staff were not familiar with children's needs, preferences and routines. We found some plans, including ones that were in playrooms did not always contain meaningful information. While all children's personal plans had been reviewed with families aligned with guidance, key information had not been updated. These inconsistencies in personal plans did not fully support children's wellbeing and had the potential to put children at risk. **(See requirement 1).**

Children who required additional support had good strategies in place, which ensured staff were consistent in their approach and enabled children to be fully included in nursery routines. Children's rights were respected as personal care routines were carried out using sensitive and warm interactions. We observed staff singing and talking to children with quiet voices as they talked them through their routines. Sleep arrangements respected children's needs and preferences. Staff were responsive to children's cues when they were tired and gently soothed them to sleep using calming music and by gently patting their backs. This helped children to feel respected and secure. We suggested staff review safe sleep guidance as children were sleeping on plastic mats without sheets. This could put children at risk, as it increased the potential of infection. **(See area for improvement 1 under quality indicator 2.2).**

Children were put at risk as medication and allergies were ineffectively managed. Staff demonstrated a lack of understanding of allergy needs and management and administration of medication for example, most staff could confidently tell us of children's dietary preferences but were unaware of some children's allergies. The manager was absent on the first day of the inspection and staff did not know where emergency medication was kept. Administration and medical consent forms lacked detail which had the potential to put children at risk. Additionally, expiry dates noted on paperwork did not match those on medication and no review of medication stored or medical protocols was undertaken. This had the potential to cause significant harm and the management of medication and allergies must improve to ensure children are kept safe. **(See requirement 2).**

Children experienced inconsistencies in the quality of mealtimes. Babies were supported with feeding and provided with nurturing interactions, enabling them to enjoy a social and unhurried lunchtime experience. Younger children experienced a mealtime that supported them to eat and drink at a pace that was right for them. However, they were not provided with opportunities for choice and independence. We suggested ways in which these opportunities could be introduced to support younger children in an age and stage appropriate way. Older children were provided with some opportunities for responsibility and independence during mealtimes but choice was limited. Overall, most lunchtime experiences could be further enhanced to engage children in meaningful learning experiences. Following feedback on our first day of inspection, mealtimes for all children had improved on our second visit.

Staff had recently undertaken training in First Aid, which included how to respond to a child if they were to choke. However, some staff were not fully confident in how to respond to a choking episode and we saw that some food was not prepared in line with guidance for example, sausages had been skinned but were cut in chunks which poses a choking risk to young children. We asked the manager to review 'Good practice guidance: prevention and management of choking episodes in babies and children' with staff to help keep children safe.

### Quality Indicator 1.3: Play and learning

Staff were playful in their interactions with children and some staff used effective questioning to enhance children's thinking and problem-solving skills. However, this was not consistent across the staff team. We discussed with the manager the importance of effective monitoring of interactions to support newer staff to build on their confidence and grow their skills in this area of practice. **(See requirement 1 under quality indicator 3.1).**

Children were engaged with the resources and activities offered to them and play spaces were reflective of children's interests. Older children were busy hunting for bugs in the garden and babies were gaining confidence in large motor skills as they climbed on play structures. They laughed and showed joy as they splashed in a tray of water and smiled at staff as they pushed them on swings. However, there was scope to improve resources and experiences provided to children.

Language, literacy and numeracy opportunities could be further developed and promoted better across the service. There was a lack of stimulating and exciting experiences, open-ended natural materials and schematic play opportunities which meant children were not able to lead their own play and learning. We redirected the service to best practice guidance, *Realising the Ambition: Being Me* (Education Scotland, 2020) to support them with this.

Ineffective planning processes across the service meant children were not supported to reach their full potential. Planning was responsive to some children's interests; however, it was too vast to reflect how learning would be achieved. This resulted in children not always experiencing high quality learning experiences to support them to progress and achieve. A parent told us, "Although there are small pockets of learning my child has not progressed to the level, they are capable of during their time there". The manager should now review the planning process with support from the Local Authority, to ensure staff are clear of the learning outcome from planned activities and their role within that. **(See area for improvement 1).**

Observations of children's learning were captured in individual Learning Journal folders; however, these were inconsistent across the nursery. Most were individual to children but some were descriptions of activities and not focused on learning. Some next steps identified to support children to achieve were too vast and not age and stage appropriate. We found a better system of tracking next steps was required to highlight if children had achieved their goals. Further work was needed to ensure observations and next steps in learning supported children to reach their full potential. **(See area for improvement 2).**

## Requirements

1. By 16 August 2023, the provider must ensure children's care, welfare and development needs are met by developing children's personal plans and ensuring staff use this information effectively.

To do this the provider must at a minimum ensure:

- a) personal plans set out children's current needs and how they will be met
- b) all staff are aware of and understand the information within the personal plans, including support strategies and use this to effectively meet each child's needs
- c) personal plans are regularly reviewed and updated in partnership with families and other agencies where appropriate.

This is to comply with Regulation 5(2)(a) and (b) (Personal plans) of the Social Care and Social Work and Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/2010).

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

2. By 16 August 2023 the provider must ensure children's medical and allergy needs are safely managed.

To do this the provider must at a minimum ensure:

- a) medical permission forms are fully completed by families
- b) staff are knowledgeable and competent in relation to the recording of medication and follow the 'Management of Medication in Day Care of Children and Childminding Services' guidance
- c) staff apply their learning to practice
- d) staff know where medication is kept
- e) staff are aware of children's allergies and medication needs
- f) allergy information is available to staff.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

### Areas for improvement

1. To ensure children are fully supported to achieve their potential, the manager and staff should further develop the planning process and assessment of planning to provide motivating and stimulating experiences for children to play and learn.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, my social and physical skills, confidence, self-esteem and creativity are developed through a balance of organised and freely chosen extended play, including using open-ended and natural materials' (HSCS 1.31)

2. To support children's progression in their learning and development, observations should be regularly recorded and shared with families and identify children's progress in their learning. Next steps in children's development should be meaningful, achievable and monitored to ensure children are supported well to reach their full potential.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to achieve my potential in education and employment if this is right for me' (HSCS 1.27).

### How good is our setting?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

#### Quality Indicator 2.2: Children receive high quality facilities

Playrooms were bright and furnished with natural furniture which helped create calm and relaxing environments. Most were welcoming and inviting spaces and they all provided children with ample space to play. We saw children played happily independently or cooperatively in groups, which helped them to build positive relationships with their peers and develop their social skills. Resources were accessible to children which enabled them to lead some of their play and learning.

There were some infection prevention and control procedures which supported a safe environment for example, the kitchen was clean and rooms were well ventilated. We observed staff used the appropriate personal protective equipment when supporting children's personal care. However, we had some concerns around aspects of cleanliness for example, all skirting boards in the nursery were visible dirty. The surface where children had their nappy changed was very unclean and the ceiling fan was full of dust. The service used pedal bins; however, we observed staff and children lift the lids with their hands and then continued with routines, without washing their hands. Some sleeping mats were worn and visibly unclean prior to younger children having a sleep. On our second visit the staff had started to action our concerns and the nappy change room had been thoroughly cleaned. Staff required further support to ensure that infection prevention and control practices are fully embedded in practice and have a positive impact on children's outcomes. **(See area for improvement 1).**

Children benefitted from free flow access to outdoor spaces which enabled them to be independent, direct their own play and supported them to be active and healthy. In addition to playing in the nursery gardens, children had regular opportunities to visit interesting places within their local and wider community. This included natural spaces and local parks where they could engage in risky and more challenging play. This helped enrich children's learning on how to keep themselves and others safe and supported them to develop positive links within their communities. A parent told us, "The nursery have provided a number of excursions for the children which have been a huge hit and great learning experience".

We had significant concerns regarding children's safety. The preschool garden had been renovated since the last inspection. It provided children with ample space to explore and engage in activities that promoted their large motor skills. Staff undertook regular risk assessments to check environments were safe for children. However, we found a large screw sticking out from a wooden pallet that children were climbing on. The manager immediately removed the pallet and we asked that all bigger loose parts be checked. Additionally, we found a piece of broken glass in the older children's playroom. Staff need to be more vigilant when risk assessing children's play spaces to ensure they are kept safe from harm **(See requirement 1).**

A new fence and gate provided some safety to children. We found the gate's latch was accessible to children and once opened, another gate with a latch at child's height opened into the nursery carpark. The carpark was next to a busy road and its large cast iron gates remained open throughout the first day of the inspection. This had the potential to put children at risk. The manager took immediate action to improve safety and ensure that families and staff understood the importance of closing the gates after each use. Following our second visit to the service we emailed the manager and asked for photographic evidence of the repairs to both garden gates latches and locks, to ensure children remained within nursery grounds and were kept safe while playing in the nursery garden. **(See requirement 1).**

We received evidence of the repairs prior to this report being completed.

## Requirements

1. By 28 July 2023 the provider must ensure children are kept safe when playing outside.

To do this the provider must at a minimum ensure:

a) all staff are vigilant of potential risks and implement effective risk assessments to ensure everyone's safety



b) outdoor environments are made safe and secure to ensure children cannot leave unaccompanied by an adult

c) larger loose parts are checked for hazards prior to children playing with them.

This is to comply with Regulation 4(1)(a) (Welfare of 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: 'My environment is secure and safe' (HSCS 5.19).

### Areas for improvement

1. To ensure and protect the health, wellbeing and safety of all children and staff, the provider and manager should review the infection prevention and control practices in the nursery.

To do this the manager and provider should at a minimum ensure:

a) all areas of the nursery are clean

b) sleep mats are in good repair and cleaned after use

c) handwashing routines reflect best practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.19).

### How good is our leadership?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

#### Quality Indicator 3.1: Quality assurance and improvement are led well

Visible leadership was evident and most staff told us they felt supported by the manager. Families found them approachable and were complimentary of the communication they received. We found information sharing with parents on their child's learning and progress was not always effective for example, parents had attended play and stay sessions and parent contact evenings; however, they had not been welcomed back into the service daily. This meant consultation with families regarding their child's development, learning and next steps was limited. Some parents told us as they were rarely in the setting, they were unable to answer some of our questions. We suggested ways in which the manager could invite families back into the service and ensure how families are fully informed on their child's development, play and learning.

Significant staff changes had taken place since the previous inspection and some staff were unclear of their job remits and their responsibilities. This meant children were not always kept safe and offered high-quality care and play. Staff were committed and conscientious and tried hard to answer our questions but were not always confident in the service they were providing. There were limited role models within the team to support staff in their practice and develop leadership at all levels. As a result, some basic care needs were not being met and some safety issues were not being identified and addressed. This requires the provider and manager's attention. We discussed the importance of ensuring that staff have a clear understanding of their roles and responsibilities and are supported to be accountable for their work. Additionally, it would contribute to children and their families being consistently supported, including in the absence of the manager. **(See area for improvement 1).**

The service may find the Scottish Social Services Council (SSSC), 'Step into Leadership' resources and Codes of Practice for Social Service Workers and Employers (2016) helpful to support with this.

The vision, values and aims of the service were displayed and shared with families. These had recently been reviewed and a song had been created around the service's values. This promoted the aims with children and staff.

Improvement planning was ambitious and was not consistently having a positive impact on improving outcomes for children and their families. Some staff were unaware of improvement plans and their role in bringing about positive change within the service. Improvement planning did not focus on areas that would have the biggest impact on improving outcomes for children. As a result, where improvements had been made, they had not always been sustained. In addition, areas that would benefit from improvement were not being identified. We suggested to the manager that the forthcoming year's development planning reflects and includes improvements identified during this inspection. We directed the service to the Health and Social Care Standards and the Care Inspectorate's: A quality framework for daycare of children, childminding and school-aged childcare to support them with this.

Limited self-evaluation processes had been carried out by the manager and staff. This had not yet resulted in significant improvements needed to provide a consistent level of quality of care and support. The staff team were not effectively using children's voices or families' views well enough to inform improvements. As a result, stakeholders views and opinions were not valued and influencing positive change. A parent asked us, "Do the nursery have a parent council to gain information from parents and to work alongside parents?" To embed a strong sense of commitment to continuous service development, children and families should be meaningfully involved as key partners in the development of the service and their views valued and acted upon. This would help support a shared vision to improvement planning and involve others in influencing positive change.

We identified significant gaps within the quality assurance processes in place. This meant children's experiences and outcomes were not enhanced through ongoing improvement. There had been some progress in relation to embedding quality assurance processes since the last inspection for example, lunchtime experiences, learning journals and the environment. However, there was little evidence of this process having a positive impact on making improvements and the quality of outcomes for children. Inconsistencies in practice were not fully identified and did not highlight areas for improvement. We discussed with the manager the importance of returning to next steps identified with staff, to ensure improved outcomes for children were being actioned and achieved. The manager should now implement a more robust system of monitoring of all aspects of the service provided to measure, support growth and improvement within the service. **(See requirement 1).**

## Requirements

1. By 2 October 2023, the provider must ensure improved outcomes for children and practice by implementing effective systems of quality assurance.

To do this the provider must at a minimum, ensure:

- a) staff are supported to develop their knowledge and understanding around self-evaluation processes and are involved in the systematic evaluation of their work and the work of the service
- b) clear and effective plans are in place for maintaining and improving the service
- c) the manager effectively monitors the work of each member of staff and the service as a whole.

This is to comply with Regulation 3 (Principles) and Regulation 15(a) and (b) (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)

## Areas for improvement

1. To support children's overall wellbeing and safety and to ensure the nursery runs efficiently, the provider and manager should develop clear roles for all staff. They should ensure staff understand and are accountable for their roles and responsibilities.

This is to ensure that practice is consistent with the Scottish Social Services Council (SSSC), Codes of Practice for social service workers and employers (2016). Code of practice for social service workers, Section 6 – 'As a social service worker, I am accountable for the quality of my work and will take responsibility for maintaining and improving my knowledge and skills.'

## How good is our staff team?

**4 - Good**

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

### Quality Indicator 4.3: Staff deployment

Staff worked well together to create a positive and welcoming environment for children. Most staff were enthusiastic about their roles and spoke confidently and positively about their work. They valued the good relationships that had developed within their team and felt well supported.

The deployment and levels of staff within the service were appropriate to ensure care and support for all children throughout the day. Staff were deployed in a way that enabled them to respond to children with care and attention. Positive handovers and good communication with families supported smooth transitions. Most families told us staff were engaging, supportive and knew their child well. As a result, children benefitted from close attachments with staff. This was enhanced through positive working relationships with children's families. Parent's comments included, "Staff are friendly, welcoming and nurturing" and "My child talks positively about the staff".

Staff had a good mix of skills across the nursery. However, a number of staff were relatively new to the service and as a result, were still forming relationships to build an effective team. They were proactive and communicated well with each other throughout the day. Staff breaks were well managed, with key staff supporting children at busier times of the day. This contributed to children being provided with consistent care and attention.

Arrangements for planned absences were in place to provide consistency of care and support. Children were familiar with staff members that returned to the service to cover for longer-term absence, such as annual and maternity leave. This meant there was minimal disruption to children's routines.

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

### Requirements

#### Requirement 1

By 3 July 2023, the provider must ensure that children experience high quality care and support based on individual needs, guidance and best practice and that they are accepted and valued.

To do this the provider must at a minimum:

- (a) ensure staff provide developmentally appropriate, balanced and wide ranging support for individual children
- (b) ensure staff demonstrate age and stage appropriate knowledge and understanding of supporting children with additional support needs
- (c) ensure children's individual needs are supported in line with the service's own policy and procedures for additional support needs and equality, diversity and inclusion.

To be completed by: 03 July 2023

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care) 2.

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 requirement was made on 24 April 2023.**

#### Action taken on previous requirement

Children requiring additional support were provided with developmentally and appropriate support. Staff had undertaken training and had a new procedure in place which ensured extra support was provided. The service had updated their policies and procedures for children requiring extra support, equality, diversity and inclusion and this was evident in practice.

**Met - within timescales**

## Requirement 2

By 3 July 2023, the provider must ensure that proper provision is made to meet health and welfare needs of children.

To do this the provider must at a minimum:

(a) ensure all children have a personal plan that is developed in conjunction with families and other professionals as appropriate

(b) the plan must detail how each child's health, wellbeing and safety needs will be met.

To be completed by: 03 July 2023

This is to comply with Regulation 5(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

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

**This requirement was made on 24 April 2023.**

#### Action taken on previous requirement

All children had a personal plan in place; however, some children's preferences and needs required to be updated or recorded in more detail.

Some parts of this requirement have been met and a new requirement has been made to address outstanding issues.

**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 children's progression in their learning and development, observations should be regularly recorded and next steps should be meaningful and achievable based on children's age and stage of development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to achieve my potential in education and employment if this is right for me'. (HSCS 1.27)

**This area for improvement was made on 27 October 2022.**

#### Action taken since then

Work was still required to ensure children's progression in their learning and development was tracked well and supported them to reach their full potential. Some observations of learning were descriptions of activities and some children's next steps were too vast to be achievable for their age and stage.

This area for improvement has not been met and remains in place.

### 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 good is our care, play and learning?	2 - Weak
1.1 Nurturing care and support	2 - Weak
1.3 Play and learning	3 - Adequate
How good is our setting?	2 - Weak
2.2 Children experience high quality facilities	2 - Weak
How good is our leadership?	2 - Weak
3.1 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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