

Threshold Support Services - Residential Care Home Service

15 Mill Road
Hamilton
ML3 8AA

Type of inspection:
Unannounced

Completed on:
15 October 2025

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003001401

About the service

Threshold Support Services – Residential is registered to provide care and support to a maximum of eight adults with learning disabilities. The service is operated by the Church of Scotland, trading as Crossreach.

Support is provided across two houses. One located in Hamilton and the other in Kirkmuirhill. Each house accommodates four people.

People using the service have their own bedrooms and share communal spaces including living rooms, dining rooms, kitchens, and bathrooms with either a bath or shower. Both houses have enclosed, accessible gardens, parking areas, and office space.

At the time of inspection, eight adults were using the service.

The service does not employ nurses. Nursing and other healthcare needs are met through referrals to district nurses or other health professionals as required.

About the inspection

This was an unannounced inspection which took place on 07-09 October 2025 between 08:15 and 17:00 hours. Feedback was provided on 09 October 2025. Following this, further discussion with the provider about staff training took place which completed the inspection on 15 October 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 one person using the service and for people unable to express their views, we observed interactions with staff and how they spent their time
- spoke with two relatives
- spoke with 10 staff and management
- spoke with two visiting health professionals
- observed practice and daily life; and
- reviewed documents.

Key messages

- People and their relatives spoke positively about the care and support provided.
- Staff delivered kind, person-centred care that contributed to a warm and homely atmosphere where people felt safe.
- Staff responded well to changes in people's health and wellbeing.
- Leadership was visible and supportive, but quality assurance processes should be improved.
- Frequency of staff supervision, appraisal and competency checks should be improved.
- Staff training oversight should be improved to ensure all staff are fully trained for their role.
- The service had met one of the seven areas for improvement identified at the previous inspection.
- We have made one requirement and a further five areas for improvement as a result of this inspection.

From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

1.3: People's health and wellbeing benefits from their care and support.

1.5: People's health and wellbeing benefits from safe infection prevention and control practices and procedures

We made an evaluation of good for this key question, as several important strengths outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

Staff showed a kind and caring approach and supported people in ways that suited them. They adapted how they interacted depending on each person's preferences. For example, offering energetic encouragement to some, and a calm, steady presence to others. People were seen to enjoy music and dancing, going out in the local community, and enjoying relaxed time with staff. These moments showed that staff knew people well. One person told us "I love my staff team and get on with them well." One relative told us "I couldn't ask for any better." People appeared comfortable and safe, and the strong relationships helped create a warm and welcoming atmosphere.

People were supported to develop and maintain their independence in daily life. They were encouraged to take part in everyday tasks such as meal preparation and keeping their living space tidy. Some individuals were also supported to travel independently, where safe and appropriate, which helped promote confidence and autonomy. The service planned to improve how this was promoted and reflected in personal plans by adding more detail, helping people feel more in control, build skills, and gain confidence in their routines.

Medication support was well organised and mostly effective. People had their medicines stored securely, and staff kept good records and followed guidance when changes were needed. However, some improvements were needed, such as ensuring body maps were in place for topical creams and having a returns book to record medicines sent back to the pharmacy. These steps would help reduce risk and improve safety for people and staff. (See area for improvement 1)

Appropriate referrals were made to external professionals to support people's health and wellbeing. This included input from learning disability, mental health and social work teams when needed. For example, one person received support following emotional distress and changes in behaviour. Staff acted promptly to seek advice and guidance to help meet their needs. These actions helped ensure people received the right support at the right time, which promoted safety and emotional wellbeing.

Support for meaningful connection and activities was positive overall, with people encouraged to stay socially and emotionally connected. Staff supported visits with family, attending church, and involvement in community groups. However, activity records were inconsistent, and some gaps were noted. Plans could be improved by including more detail and ensuring daily opportunities for enjoyable and purposeful activity. This would help people stay active, reduce distress, and promote wellbeing.

Staff monitored people's health and responded when concerns were identified. For example, one person's weight loss was noticed and a referral to a dietitian was made. While no changes were advised at the time, it was important that staff acted promptly. Clearer documentation of assessments and advice would help ensure consistent support and timely action when health needs change. Regular communication took place with people's families in relation to people's health. Relatives told us they were confident in the support being provided and they were kept up to date with their relative's health needs. This reassured people that their loved one was being cared for.

Staff supported people's communication needs and were beginning to use visual aids to help improve understanding. Although service specific training to support communication had not yet taken place, the service had plans in place to progress this. Recording communication strategies in personal plans and ensuring staff are trained in different approaches would help provide consistent support and reduce stress for people. This is reported on further under "How well is our care and support planned?" where an area for improvement has been made.

Infection prevention and control practices were well established. Cleaning schedules were completed daily with no gaps, and the home was generally clean and free from clutter. Staff had received training, and external professionals had no concerns about their knowledge or practice. Named Infection Prevention Control (IPC) champions and audits were in place. Some wear and tear on furnishings, such as damaged sofas and carpets, were noted, and the service had plans to address this. These actions supported a safe and hygienic environment for people living in the home.

Areas for improvement

1. To reduce risk and improve safety for people and staff, the provider should strengthen its medication support systems by ensuring body maps are consistently used for topical creams and that a returns book is maintained to record medicines sent back to the pharmacy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

How good is our leadership?

3 - Adequate

2.2: Quality assurance and improvement is led well

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

There was visible leadership presence in the service, with regular oversight from the manager and senior team. This supported good awareness of daily practice and helped maintain standards. A planned change in management was underway, with arrangements in place to ensure continued oversight across both homes. This demonstrated a proactive approach to maintaining consistency and leadership during the transition.

Staff and relatives spoke highly of the support they received from senior management in the service. People felt confident to have an open dialogue to raise any concerns or new ideas that would promote people to achieve their outcomes.

Team meetings took place regularly and covered a range of relevant topics, including communication systems, clinical escalation, staff training, and support for people using the service. Meeting records showed that issues which aligned with our findings. Strengthening follow-up actions from these meetings would support clearer oversight and continuous improvement.

Accidents, incidents, and adult protection concerns were well recorded and monitored. Records were kept both individually and centrally, with clear links to monitoring tools where relevant. This supported appropriate follow-up and review of strategies in place. Management had good oversight of events and ensured action was taken when needed, helping to maintain safety and accountability across the service.

Quality assurance processes supported oversight through regular audits and management checks. However, audits of key areas such as medication, environment, and accident and incident records lacked sufficient depth and did not consistently lead to clear, time-bound actions. Strengthening audit tools and ensuring structured follow-up would improve accountability and support continuous improvement across the service. The service would benefit from a more systematic and robust approach to self-evaluation. Greater involvement of people living in the service, their families and staff in assessing quality would strengthen this process. Audit findings, feedback, and self-evaluation should be clearly linked to an improvement plan that outlines specific actions and demonstrates progress. This was an area for improvement made at previous inspection which has not been met.

The service's approach to staff supervision and appraisal was not consistently in line with its policy, which sets out expectations for regular sessions. While some supervisions were scheduled, records showed limited evidence of completed sessions, and documentation was often missing or outdated. Competency and observations of staff practice in relation to medication support had taken place with staff. The approach taken to this was not sufficiently detailed to allow managers to track and ensure this took place with all staff. A more reliable and well-monitored system is needed to ensure staff receive timely and recorded supervision, observations of practice and appraisal to support their development and accountability. (See area for Improvement 1)

Oversight of staff training required improvement. While some staff had completed mandatory courses, records were held across different systems, making it difficult to confirm training status. The training matrix showed gaps, with several staff overdue for refresher training including First Aid. A more cohesive and well-monitored system is needed to ensure all mandatory and service-specific training is completed and recorded consistently. (See requirement 1)

Systems to gather feedback from people using the service, their families, and staff were underdeveloped, with no recent survey data or feedback received. While a service improvement plan was in place and noted some environmental needs, audits had become sporadic and lacked sufficient detail. A more structured approach to self-evaluation, incorporating feedback and audit findings, would strengthen the improvement plan and support meaningful progress.

Requirements

1. By 14 December 2025, to promote the safety and wellbeing of people, the provider must ensure that staff receive essential training and that training records are accurate and up to date.

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

- a) Implement a cohesive and well-monitored system for recording all staff training, including mandatory and service-specific courses.
- b) Ensure all staff complete overdue refresher training, including first aid, within appropriate timescales.
- c) Maintain a centralised and accessible training matrix that clearly identifies training status for all staff.
- d) Introduce quality assurance processes to regularly review training compliance and take action where gaps are identified.

This is in order to comply with section 8 (1)(a)(b) of the Health and Care (Staffing) (Scotland) Act 2019.

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

Areas for improvement

1. To support staff development and accountability, the provider should implement a reliable and well-monitored system to ensure staff receive timely and recorded supervision, observations of practice, and appraisal in line with the service's own 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)

How good is our staff team?

4 - Good

3.2: Staff have the right knowledge, competence and development to care for and support people

3.3: Staffing arrangements are right, and staff work well together

We made an evaluation of good for this key question, as several important strengths outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

Staff demonstrated warm, caring interactions and knew people well, contributing to a homely and trusting atmosphere. People and their families spoke positively about the support provided, and staff expressed pride in their work. One relative told us "Staff have become like family and support my son very well." There was a strong sense of teamwork, and staff appeared motivated and committed to delivering good-quality care.

The service did not have formal evidence of a structured induction process for new staff, including training records, shadowing arrangements, or probationary meetings to track progress and identify learning needs. While staff reported feeling supported and able to approach management, the lack of regular, documented supervision and appraisal reduced opportunities for formal feedback and development. A more consistent and well-recorded approach would strengthen staff support and accountability. This is reported on further under "How good is our leadership?" where an area for improvement has been made.

Staff knew people well and provided person-centred support. However, opportunities for service-specific training were limited, particularly in areas such as autism awareness, dementia and specific communication needs. This could mean staff may not have the necessary knowledge and skills to fully meet people's healthcare and communication needs. The service should ensure that staff supporting individuals with particular needs have access to appropriate training to deliver safe and effective care. This was an area for improvement made at previous inspection which has not been met.

Staff told us they felt well supported by the management team and their colleagues. Regular team meetings were viewed as beneficial to their wellbeing. We observed staff working collaboratively and coordinating care effectively to meet people's needs. Although agency staff were still in use due to vacancies, a stable group of long-term staff contributed to continuity and positive relationships. Staff spoke positively about communication systems in place, including team meetings and written records, which helped ensure they were kept up to date with people's changing needs.

Staffing arrangements were generally well managed, with core and additional hours covered despite vacancies and long-term absences. While agency staff were still in use, several had transitioned to permanent roles and were working effectively within the team. Staff registration was monitored through regular checks and reminders, which helped maintain accurate staffing records and ensured teams were appropriately resourced to deliver safe and effective support. Staff development was ongoing, with opportunities for training and progression, including access to SVQ funding and role-specific courses. This helped maintain safe staffing levels and supported staff competence, which contributed to consistent care for people using the service.

How good is our setting?

4 - Good

4.1: People experience high quality facilities

We made an evaluation of good for this key question, as several important strengths outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

People living at the service benefited from a warm and comfortable environment. Bedrooms were decorated in ways that reflected individual preferences, helping people feel at home. Individuals had the choice to spend time in their own rooms or in quieter communal areas, supporting privacy and personal space.

Fire safety arrangements were in place, but oversight could be strengthened. While some checks and procedures were being carried out, records were not consistently maintained, and it was unclear whether all required fire safety measures and safety checks were being completed as scheduled. This included oversight of staff completion of fire drills and completion of the Scottish Fire and Rescue (SFRS) report action completion. A more robust and well-documented approach is needed to ensure compliance with fire safety regulations and to protect the wellbeing of people living and working in the service. (See area for improvement 1)

The environment across the service was clean, accessible, and generally well maintained. Some communal areas had been redecorated, and staff were observed following cleaning routines and completing equipment checks. People's rooms were personalised, contributing to a homely atmosphere, although some areas would benefit from redecoration or refurbishment.

Outdoor entrances required attention, areas needed redecoration and some furnishings needed replaced to maintain cleanliness and presentation. Environmental adaptations were in place to meet individual needs, and planned improvements, such as carpet replacement and consideration of energy upgrades, were underway. Strengthening oversight of environmental needs with a clear plan will help ensure works are carried out in a timely manner, supporting people to live in a safe, comfortable, and dignified setting. (See area for improvement 2)

People benefited from a homely and accessible environment with a range of spaces available, including lounges, quiet rooms, and could choose to spend time alone or with people. Bathing and showering facilities were modern and fully accessible, and outdoor areas provided secure space for people to enjoy. Staff worked hard to maintain cleanliness, and cleaning schedules were completed regularly. Laundry systems were well organised, and appropriate infection control measures were in place. This supported people to live in a safe, comfortable, and dignified setting where their individual needs and preferences were respected.

Areas for improvement

1. To promote safety and ensure compliance with fire safety guidance, the provider should improve oversight of fire safety checks, staff participation in fire drills, and completion of actions from the Scottish Fire and Rescue Service report.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "My environment is secure and safe." (HSCS 5.17)

2. To support people to live in a safe, comfortable, and dignified environment, the provider should strengthen oversight of environmental needs through a Specific, Measurable, Achievable, Realistic, and Timely (SMART) environmental plan.

This should include, but not be limited to, identifying required actions, setting clear timescales, and ensuring environmental needs are addressed promptly.

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

4 - Good

5.1: Assessment and personal planning reflects people's outcomes and wishes

We made an evaluation of good for this key question, as several important strengths outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

Personal plans were person-centred and clearly reflected people's passions, likes, dislikes, and wishes. This enabled staff to get to know people well and provide support that was meaningful and tailored to individual preferences. We saw that smaller plans, such as health passports, were in place, which is particularly important if someone were admitted to hospital.

These documents ensured that key health information was readily available, supporting continuity of care and safeguarding people's wellbeing in unfamiliar settings.

Personal plans where possible included a detailed history section with key aspects of people's lives from birth. This helped staff understand each person's background and significant experiences. Having this information available supported personalised and sensitive care.

Staff could respond in ways that respected each person's identity and what mattered most to them.

Support for stress and distress was developing well, with some effective approaches in place. However, there was still room to strengthen this further to ensure consistent and person-centred responses across the staff team. Staff used tools to monitor patterns of distress, which helped external teams review and guide support. However, personal plans did not include clear sections on stress and distress, such as potential triggers, how this may present or strategies to help. Including this would help staff respond consistently and reduce the impact of distress on people's wellbeing. (see area for improvement 1)

Reviews were taking place and included relevant discussion points that reflected what mattered to people. We recommended that outcomes be more clearly defined and recorded within reviews, along with updates on progress. This would help ensure support remains focused, responsive, and aligned with people's goals.

Outcomes were included in people's plans and staff supported individuals to work towards them. While some outcomes were clear, others could have been more specific, with regular updates on progress. The service had plans to improve how outcomes are recorded, including clearer actions and reviews. Strengthening this approach would help ensure people receive consistent support and that progress is tracked more effectively.

Risk assessments were in place for areas such as falls and travelling independently however assessments for restrictive practices were not clearly documented. This included restrictions in place for outings, car travel or using locks on doors and cupboards for safety. The service should ensure these practices are assessed and recorded to support transparency and reduce potential risk, while continuing to keep people safe. This was an area for improvement made at previous inspection which has not been met.

Monthly summaries were expected by the service which reviewed a person's care and support over the previous month. These were not consistently completed or updated to reflect changes in people's health, independence, or lifestyle. Personal plans were not always treated as live documents, which risked staff working from outdated information. This was addressed by the service during the inspection. Ensuring accurate and up-to-date records supports consistent care and improves outcomes for people.

Areas for improvement

1. To promote consistent and person-centred responses to stress and distress, the provider should ensure personal plans include clear information about individual potential triggers, presentation, and strategies that support a person during times of stress or distress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "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 "I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect." (HSCS 1.29)

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 ensure people are safe and where restrictions are required the provider should ensure there are relevant risk assessments in place.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: "My care and support meets my needs and is right for me." (HSCS 1.19)

This area for improvement was made on 9 December 2024.

Action taken since then

The service had acknowledged the use of certain restrictions, such as limited access to specific areas or activities, locked doors or cupboards and these were noted within individual support plans. However, there was no clear evidence of formal risk assessments being completed to support these decisions or demonstrate that the least restrictive options had been considered.

This area for improvement has not been met.

Previous area for improvement 2

People experiencing care should have confidence the service received by them has a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This includes a schedule of audits, effective action plans, feedback from people living in the service and their representatives and other stakeholders and developing an improvement plan which is regularly reviewed.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

This area for improvement was made on 9 December 2024.

Action taken since then

This has been reported on under "How good is our leadership?".

This area for improvement has not been met.

Previous area for improvement 3

So people's personal affairs are safeguarded, the service provider should introduce an occupancy agreement which sets out the terms, conditions and any additional costs or charges.

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

This area for improvement was made on 9 December 2024.

Action taken since then

The service remains in consultation with the local authority to finalise the tenancy agreements.

This area for improvement has not been met.

Previous area for improvement 4

To support high quality care and support, the provider should ensure staff have training to support people with specific needs. This should include but not limited to:

- communication aids such as talking mats/use of Makaton,
- understanding dementia/promoting excellence training and;
- autism awareness and positive behaviour support

This is to ensure care and support is consistent with the Health and Social Care Standards which states 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 9 December 2024.

Action taken since then

The service has taken some initial steps to explore training opportunities, including attempts to source Makaton training externally. However, no staff have yet completed training in Makaton, dementia awareness, or autism support. While some relevant modules are available on TURAS, there is no evidence that staff have completed these, and the training matrix has not been updated to reflect progress or gaps.

As a result, staff training in these key areas remains incomplete.

This area for improvement has not been met.

Previous area for improvement 5

To support high quality care and support, the provider should carry out regular competency checks to ensure staff have the right skills, and periodic observation of practice to ensure this is maintained.

This is to ensure care and support is consistent with the Health and Social Care Standards which states 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 9 December 2024.

Action taken since then

This area for improvement has not been met, is no longer in place and is now reworded into a new area for improvement under "How good is our leadership?"

Previous area for improvement 6

To ensure people are supported safely the provider should ensure staff are confident and competent in following fire safety guidance by carrying out required fire drills.

This is to ensure care and support is consistent with the Health and Social Care Standards which states 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 9 December 2024.

Action taken since then

The service has taken some steps to improve fire safety, including replacing fire doors following recommendations from the Scottish Fire and Rescue Service. The manager reported that a fire drill had been planned and carried out earlier in the year. However, there was no clear record of staff attendance, and not all staff had participated in a drill. A fire drill log was not available during the inspection to confirm frequency or staff involvement.

Further action is needed to ensure all staff take part in regular fire drills and that records are maintained to demonstrate compliance with fire safety procedures and recommendations.

This area for improvement has not been met, is no longer in place and is now reworded into a new area for improvement under "How good is our setting?"

Previous area for improvement 7

To support high quality care and support, the provider should ensure personal plans including risk assessments are regularly reviewed. This ensures any changes in people's needs are recorded and supported effectively by staff teams.

This is to ensure care and support is consistent with the Health and Social Care Standards which states 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 area for improvement was made on 9 December 2024.

Action taken since then

The service has taken steps to improve the review and updating of risk assessments. Updated versions were available for all individuals, and recent changes were clearly documented. A system has been introduced to highlight updates and link them to relevant sections of personal plans, supporting staff to respond to changing needs more effectively.

Staff and management are reminded to treat risk assessments as live documents and ensure updates are made promptly when changes occur, not only at scheduled review dates.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

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

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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

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