

# Care service inspection report

Full inspection

## Mayfield Lodge Care Home Service

6 Mayfield Road  
Inverness



HAPPY TO TRANSLATE

Service provided by: Crownmont Ltd

Service provider number: SP2005007415

Care service number: CS2005094660

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of care and support	4	Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

### What the service does well

The staff in this service are proud of the care they provide and work hard to keep people occupied and involved in activities, trips and holidays.

The manager and staff support people to look after their health and they get support from other professionals where necessary.

Support plans are reviewed regularly and updated when they need to be. Residents are involved in making a lot of decisions about food, activities and what they do during the day.

### What the service could do better

While the support plans give a lot of information, there are some areas where documents and plans are not complete, and need to be checked and finished off.

The policy on protecting vulnerable people needs to be updated to show that staff should follow the Highland policy on reporting any concerns.

Some staff did not know very much about the government policy 'keys to life'.

### **What the service has done since the last inspection**

The service has continued to work on supporting the people who stay there. People are asked for their views and involved in a lot of decisions about their lives. There are some new members of staff and they have settled in well.

### **Conclusion**

The manager and staff of this service work hard to provide a quality service to the people who stay there. They involve people in planning the service they receive including, meals, decoration, choosing new staff and writing their support plans.

There are some limits to how well they can do this because of the number of people staying together and the layout of the building.

# 1 About the service we inspected

Mayfield Lodge is a registered care home run by Crownmont Ltd. It is registered to provide a care service to a maximum of 12 adults with learning disabilities.

The service is located in a single storey building, close to the centre of Inverness. There are shops, parks, churches and leisure facilities nearby. The accommodation consists of 12 bedrooms with wash hand basins, three bathrooms, two lounges, dining room, laundry area and kitchen. The building is set in large grounds with a garden area.

The stated mission of Mayfield Lodge is:

- "To improve the quality of care for service users through the provision of individualised residential services. Our services should enhance the quality of life of our service users and increase the support of people with complex needs within our organisation".

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach

in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 4 - Good**

**Quality of environment - Grade 5 - Very Good**

**Quality of staffing - Grade 5 - Very Good**

**Quality of management and leadership - Grade 5 - Very Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by one inspector. The inspection took place on Saturday 16 March 2016 between 10.00am and 4.00pm. It continued on Monday 18 March from 9.00am until 4.30pm. We gave feedback to the manager, one of the owners, a member of staff from the local authority commissioning team and a parent of one of the people who stayed there on Wednesday 20 March 2016.

As part of the inspection, we took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

We sent 12 Care Standards Questionnaires (CSQs) to the manager to distribute to residents. Seven residents sent us completed questionnaires.

We also asked the manager to give out 10 questionnaires to staff and we received three completed questionnaires.

During this inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- five residents
- one family carer
- the manager
- five support workers
- one student on placement.

We looked at a range of policies and procedures, including:

- how the service says it will support people to plan their own care
- minutes of residents' meetings
- newsletters
- residents' and relatives' questionnaires
- support plans
- risk assessments
- evidence of meetings with outside health professionals
- accident and incident records
- adult protection policy and procedure
- health and safety records and checks
- rotas
- team meeting minutes
- staff records
- records of staff support.

We also spent time observing how staff interacted with the people they were supporting and with each other.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an



inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned.

## Taking the views of people using the care service into account

The people we spoke with said they enjoyed staying there and spoke positively about their relationships with staff. Many of them had stayed there for a long time and knew each other very well.

Comments included:

- "I like all of the staff".
- "I get out quite a lot, I enjoy that".
- "I like the food - it's good food".

Comments from questionnaires included:

- "Me and staff go to my room to talk. I don't want other housemates listening".
- "I am happy with my room but I want it painted".
- "We plan the menu together".

### **Taking carers' views into account**

We spoke to one carer in the course of the inspection who was happy with the service provided and said they would feel comfortable raising any concerns with the manager or staff.

Some of the questionnaires we received from residents had been completed with the help of family members or carers.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

#### Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

#### Service Strengths

This inspection showed that service users and carers were involved in improving the quality of care to a very good standard.

The service had regular residents meetings for people using the service who wanted to attend and some of the residents were part of a consultation committee. This gave people opportunities to discuss the care they were receiving and to be involved in how the service runs on a formal level. Topics discussed included activities, holidays, food and decoration.

Reviews also provided an opportunity for people and their families to comment on the service being provided. We saw that these were happening regularly, with some involving social workers and other professionals and some being smaller reviews with the person, staff from the service and sometimes family members. Each person had a keyworker allocated and the keyworkers met with the person to discuss and update their support plan, as well as having responsibility for organising reviews.

Questionnaires had been circulated to people using the service and their families and friends. Some issues raised had been addressed already and the manager was looking at ways to circulate the information gathered.

The staff and manager within the service made good use of photographs to show activities and events that people had taken part in this. This is a valuable way of providing opportunities for people to discuss what they have done and where they have been recently. We saw that these had been kept up-to-date and some of the people being supported were enthusiastic about talking to us about these.

Newsletters were also used and the service had its own closed Facebook page where events, photos and videos were posted for friends and family members to see. Providing quality information is a good way of supporting and encouraging people to be involved in their care.

This all showed that there was a range of different ways for people to be involved in commenting and deciding on the support they received. With questionnaires, reviews, informal discussion, meetings to decide menus and activities and checks afterwards to see how these had gone.

### Areas for improvement

While questionnaires had been used to gather information and suggestions from people using the service and their families, the results of these and any actions taken, had not been fed back to the people who had received questionnaires. Showing people that suggestions will be responded to encourages people to respond and be involved in the future. The manager said that information on the outcome of the questionnaires would be provided in the next newsletter.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 5

“We respond to service users' care and support needs using person centered values.”

### Service Strengths

The inspection of this service showed that they responded to service users needs using person-centred values to a good standard.

This year we are using an 'Inspection Focus Area' (IFA) to identify excellence, and to promote and support improvement in care homes and combined housing support and care at home services. We have asked providers to complete a self assessment as well as answering a number of specific questions during the inspection which explore health outcomes for people with a learning disability. The IFA also provides a focus on Human Rights, Safety, Supporting Communication and the wider recommendations from the 'Keys to Life' and 'Winterbourne View' findings. Information gathered from our inspection activity in 2015-2016 will provide valuable intelligence at all levels, including a national overview.

These are our findings:

Support plans were reviewed regularly, with evidence seen that changes were implemented when they were identified. They provided key information for staff to inform them what was expected of them. Staff we spoke with said that they found the support plans useful and said they provided the information which they needed to support people using a consistent approach.

Risk assessments were in place and these showed control measures staff needed to take to reduce risks and keep people safe.

The service was working on healthier lifestyles with nutrition and exercise being developed. An activities plan was agreed with the residents on a weekly basis. Notes were kept on how each activity had gone and these were reviewed to see if the activities could be improved.

The system for administering medication was thorough and in line with good practice. Two members of staff always checked and signed to say that

medication had been dispensed. Staff were trained in administering rescue medication for people with epilepsy before being expected to work on their own whilst doing a sleepover.

We saw that there were a lot of basic health checks in place. The service had baseline recordings for weight and blood pressure. All the people using the service had an optician and a dentist and we saw evidence that routine screening such as bowel screening was in place. The manager had advocated on behalf of people to get some health checks she thought were important, where these had not been offered.

Staff interactions with people being supported were positive. The atmosphere was cheerful, with laughter and good-natured banter, whilst remaining professional. With 12 people staying together there is scope for people being frustrated by others and we saw that people were supported by staff to resolve any disagreements at an early point and we heard and read of how a difficult situation had been handled and of the steps taken to resolve it with support from other professionals.

The staff team worked well with other professionals, this included evidence of working with community nurses, social workers, GPs, physiotherapist and speech and language therapist (SALT) Files we inspected showed that there were incapacity certificates in terms of the adults with incapacity act in place for people who needed them. These certificates make it easier for people who may not be able to understand procedures and tests to receive the medical care they need.

All of this showed that there was a great deal of work going into providing a person-centred service, with a personal approach to each person's care, and support in place for them to access quality health care.

### Areas for improvement

While support plans detailed the support each person would receive and were reviewed regularly we found a number of instances where information was incomplete or missing. This included support plans and risk assessments which were not signed and dated and agreements that were out-of-date or again had not been signed by people themselves or by next of kin or guardians. The

manager recognised this during the inspection and had begun to rectify it by the time we provided feedback.

Health care needs were being met and the manager was familiar with "keys to life" the government strategy to improve support for people with learning difficulties but some staff members were not familiar with it. The manager was able to advise that she had scheduled a training session on 'keys to life' at the next team meeting.

It is important to keep people safe but that needs to be balanced with supporting people to be independent and to make use of opportunities. There were areas where the service approach was treating everyone the same and was not recognising individual abilities and needs. An example of this we highlighted during the inspection was that the kitchen door was kept locked and people did not have access to tea or coffee making facilities. While this safety-led approach may have been appropriate for some people it would not have applied to everyone. During feedback we discussed the risks attached to this. The manager and owner had concerns about how this could be done safely, but agreed to review the situation.

### Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**



## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the environment within the service."

### Service Strengths

The inspection of this service showed that service users and carers participated in improving the quality of the environment to a very good standard.

Bedrooms were all personalised, with people having their own decoration, furniture, TVs and sound systems. Most people had keys for their doors and kept their rooms locked when they weren't there. During the inspection we saw that staff always knocked and asked if they could come in before entering bedrooms. This meant that people had their own space and were able to enjoy their own rooms in peace.

People were consulted about any changes to the environment around the house and as to the best way of doing that to reduce disruption, decorating rooms when people were away for a few days, for instance.

People were involved in tasks around the house, preparing food, setting tables, gardening, looking after the hens and cleaning the vehicles being some examples. This gave people an opportunity to be involved and to maintain and develop skills when they chose to.

There were plans to introduce a summerhouse and to develop a sensory garden and people and families were involved in discussing and agreeing these.

All of this meant that, while there were some restraints because of the layout of the building and the number of people staying together, people were

encouraged and supported to contribute to the development of the environment.

### Areas for improvement

The consultation committee structure could be developed further, giving them more of a role in planning the environment within the service.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

“The environment allows service users to have as positive a quality of life as possible.”

### Service Strengths

During the inspection we found evidence that the environment allowed service users to have a positive quality of life to a very good standard.

There were some very positive aspects to the building and how it was used. It was a single-storey building, which meant it was accessible and there were not the risks attached to using stairs or lifts. Most rooms were spacious and people had made them quite individual and used them in ways that suited them. One of the bathrooms had recently been refurbished and the building was seen to be well-maintained and clean during the inspection.

Health and safety checks and risk assessments were in place and we saw evidence that these were completed regularly and audited by the manager to make sure they had been done.

There were two lounges within the service, one with a TV and a karaoke machine and another quieter lounge with board games and activity materials. This allowed people to pick the area that suited them. During the inspection we saw that this was effective, with some people choosing to watch TV and others preferring the quiet lounge.

The front door was locked, with visitors ringing for access. ID was checked and people were asked to sign in, which meant there was record of who was in the building for safety purposes. Residents had recently taken part in fire training and we saw photos and video of this taking place.

### Areas for improvement

Much of the environment worked well, but there were some compromises, particularly in the kitchen and dining-room area. This space was small and meant that people could not see and speak to each other whilst eating and meant there was not room when everyone was there for staff to join people at meal times. We saw staff were eating standing at the kitchen units. We discussed this with the owner and manager at feedback. This was something they were well aware of and had discussed several times over a period of time. They had tried different things, such as having two sittings for meals, but almost everyone had wanted to be in the first sitting. There were some technical reasons about the construction of the building that made extending the dining area complicated but a builder was going to be on site later in the year and the owner said he would get advice and plans on how they could extend the dining area whilst limiting the impact on the people staying there.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

### Service Strengths

The inspection of this service showed that service users and carers participated in improving the quality of staffing to a very good standard.

Potential staff members were invited to the service as part of the recruitment process where people using the service would meet them, ask questions and give their view on the person's suitability. These views were then used as part of the decision whether to offer a post.

Residents and families had opportunities to comment on the performance of specific members of staff, with the questionnaires circulated by the service and in discussion with the manager. The manager had an open session once a week, where people could come along and meet her, without an appointment. There were also monthly social events where families and friends would visit.

Reviews were happening regularly, with some of these involving staff from the local authority, and some being in-house reviews with the person's keyworker and family members. This meant that there were regular opportunities to discuss the service being provided, including the staffing.

### Areas for improvement

People using the service and their families could be asked to contribute information to be used in staff appraisals. This would provide an opportunity to feedback to members of staff in a constructive way to help them improve their practice.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

“We ensure that everyone working in the service has an ethos of respect towards service users and each other.”

### Service Strengths

The inspection of this service showed that people working in the service had an ethos of respect towards service users and each other to a very good standard.

The manager in this service set clear standards for the values she expected from members of staff and we saw evidence of how this had been emphasised and reinforced for members of staff. Staff all had access to the Scottish Social Services Council's code of conduct and there were policies in place about treating people with dignity.

Staff had an induction programme and they were supported during their initial period, including a period of shadowing more experienced members of staff.

The manager had introduced a red card system into the service. Residents had a red card and there were spares around. If they were concerned about something and wanted to discuss it they could show a member of staff a red card. The member of staff would then stop anything else they were doing and spend time with the person, either resolving their concerns or passing these on to someone else to deal with.

People we spoke with told us they were happy with the staff and felt they were treated with respect. They talked about the opportunities they had, their holidays and time spent with their keyworkers discussing their plans and the support they wanted.

Where a group of people are staying together it is possible for people to disagree and annoy each other. During the inspection we saw that staff knew

the people they were supporting well and were able to help defuse any friction that arose. This was done in a natural respectful way. Staff all had Maybo training in managing conflict.

Staff training was a mixture of in-house induction and workbook, training provided by senior members of staff and training provided by external training providers. The company had also recently signed up to online training courses or e-learning and this was going to be rolled out to members of staff.

Staff we spoke with told us that they felt respected and said the manager was approachable and supportive. They felt they could contact her and were confident that she would respond and try to resolve any issues they had.

### Areas for improvement

There was a policy on protecting adults from harm and staff received training on adult protection, but the policy could have provided more detail on the local arrangements, including the need to follow the Highland interagency procedures and giving contact details for the local adult protection unit.

At feedback the manager recognised the importance of this and said she would update the policy as soon as possible.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.”

### Service Strengths

The inspection of this service showed that service users and carers participated in improving the quality of management to a very good standard.

The manager held open-door sessions for people to meet with her one morning every week. Once a month these were followed by an open afternoon where families and friends were invited along, for tea and homebaking. This provided an opportunity for staff to get to know her and to comment on how the service was being managed.

Questionnaires were circulated to people using the service and to their families and relatives to ask for their views on the service provided, including how it was managed. This is a useful way to get people to respond and identify any suggestions or concerns that they have.

### Areas for improvement

Providing feedback from the questionnaires and developing an action plan from these would encourage people to continue to offer suggestions. It could also increase the return rate from future questionnaires.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 3

“To encourage good quality care, we promote leadership values throughout the workforce.”

### Service Strengths

The inspection of this service showed that leadership values were promoted throughout the workforce to a very good standard.

The manager provided a mix of support and encouragement for members of staff to take responsibility. There was one member of staff on sleepover every night, with the opportunity to call the manager if they had any concerns. The person who did the sleepover was nominated as shift leader the next day and was responsible for allocating tasks to other members of staff and completing the shift recording sheet to show that expected tasks had been completed.

Once staff had completed their probationary period they would become keyworker for some of the people being supported. This brought a responsibility for maintaining support plans and for planning and organising reviews.

Some members of staff also had specific areas they took responsibility for, such as organising activities, encouraging healthy eating and supporting people to maintain their weight.

Staff who worked in the service were registered with the SSSC and the company was supporting some people to gain recognised qualifications, particularly Scottish Vocational Qualifications (SVQs).

The manager used a thorough system of audits to check that tasks had been done and to monitor how successful they had been. So activities were reported



on to say how they had gone and if people had enjoyed them. Medication records were audited to make sure they had all been signed.

### **Areas for improvement**

Despite there being a system of auditing in place this had not picked up the issues with the support plans identified in Quality Theme 1 - Statement 5. It is important that checks are detailed enough to identify and address any gaps in the service.

### **Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## **4 What the service has done to meet any requirements we made at our last inspection**

### **Previous requirements**

There are no outstanding requirements.

## 5 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

There are no outstanding recommendations.

## 6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 7 Enforcements

We have taken no enforcement action against this care service, since the last inspection.

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings
23 Mar 2015	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
3 Apr 2014	Unannounced	Care and support 5 - Very Good

		Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good
18 Feb 2014	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good Not Assessed
18 Apr 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 3 - Adequate 4 - Good
20 Apr 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
13 Dec 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good
18 Feb 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed Not Assessed
20 May 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good 4 - Good
1 Dec 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 3 - Adequate 3 - Adequate

16 Jul 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
19 Jan 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 3 - Adequate
14 Jul 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 3 - Adequate

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