

# The Murrayfield Nursery Day Care of Children

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**Type of inspection:**  
Unannounced

**Completed on:**  
4 March 2024

**Service provided by:**  
Mini Rainbows (Murrayfield) Ltd

**Service provider number:**  
SP2017012925

**Service no:**  
CS2017356426

## About the service

The Murrayfield Nursery is registered to provide a day care of children service to a maximum of 90 children aged from birth to entry into primary school, of whom no more than 34 children will be under two years of age. The service is provided by Mini Rainbows (Murrayfield) Limited.

The nursery is in partnership with the City of Edinburgh Council and offers funded early learning and childcare to eligible children.

The premises is a purpose built property with an additional portacabin space located at the back. Two playrooms on the ground floor accommodate the older children. Two playrooms upstairs and the portacabin accommodate babies and toddlers. A small garden area sits at the front of the property and a larger garden is situated at the rear with a connecting eco garden. The service is close to local shops and parks and has good transport links.

## About the inspection

This was an unannounced follow up inspection which took place on Monday 26 February 2024 between the hours of 11:00 to 18:30. We returned to complete the inspection on Tuesday 27 February 2024 between the hours of 09:00 and 16:45. The inspection was carried out by two inspectors from the Care Inspectorate. A team manager from the Care Inspectorate was present on the first day of inspection, undertaking quality assurance.

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

In making our evaluations of the service we:

- received four responses from parents to our request for feedback via email
- spoke with and interacted with children
- spoke with staff and management
- observed practice and daily life
- reviewed documents relating to children's care and learning and the management of the service.

We provided in-person feedback to the service on Monday 4 March 2024. Attendees were the chief operations officer for Mini Rainbows (Murrayfield) Limited, the head of nurseries for the provider group in Scotland, the registered manager from another nursery that is part of the provider group and a representative from the City of Edinburgh Council.

## Key messages

We followed up on five requirements and eight areas for improvement from the last inspection which was completed on Tuesday 28 November 2023.

One requirement had been met as improvements had been made to the security of the entrance door, which helped increase children's safety.

One requirement in relation to maintaining the minimum staff to child ratios had not been met within the timescale and has been restated in this report with a new timescale.

Three requirements are ongoing with the original timescales, as this follow up inspection was carried out within the allocated timescales for meeting the requirements. These requirements were in relation to ensuring children's emotional needs were effectively identified and met, improving children's personal plans so they are streamlined and purposeful and developing robust quality assurance systems which lead to continuous improvements.

One area for improvement had been met because agency staff had been given sufficient information to help them to follow the ethos and procedures of the service.

Seven areas for improvement had not been met. This was because improvements need to be made in relation to ensuring children experience positive mealtimes, making sure sleeping arrangements reflect children's needs and preferences, ensuring child centred planning systems are streamlined and effective, the quality of experiences outdoors, the cleanliness and maintenance of the service and ensuring children's privacy and dignity is promoted during nappy changing.

Since the last inspection, two registered managers had resigned from their roles and a head of nurseries for Scotland had been newly appointed.

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

### Requirements

#### Requirement 1

By 29 March 2024, the provider must ensure that all staff are well equipped to demonstrate that they can effectively identify and meet children's emotional needs.

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

- ensure that staff undertake training on children's brain development, emotional needs and emotional containment strategies

- introduce and embed quality assurance systems to assess how this training is reflected in staff practice and the impact on securing positive outcomes for children
- make sure staff are aware of the service's core values and ensure these are reflected in staff practice including their interactions with children.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 2011/210)).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me' (HSCS 3.9) and 'As a child or young person I feel valued, loved and secure' (3.10).

**This requirement was made on 24 January 2024.**

### Action taken on previous requirement

While staff had undertaken child development training online, no formal follow up had been carried out to assess how this impacted on outcomes for children. The service now needs to facilitate tailored training, which clearly reflects the requirement. The impact of this training should be assessed through formal observations of staff practice and formal supervision sessions with staff. In addition, the management team should audit children's personal plans to see how children's emotional needs have been assessed and how strategies translate into practice.

Following the last inspection, the service had focused on the values of nurture and the quality of learning. The management team had informally noticed some improvements to staff practice, such as staff getting down to children's level more. As noted above, the service now needs to embed formal observations of staff practice along with supervision sessions. This would help to ensure that values are reflected in staff practice, including their interactions with children.

Establishing a core team within the baby room needs prioritised to offer the youngest children consistent care givers. This will help children to develop secure attachments with adults.

The inspection was carried out within the allocated timescale for meeting this requirement. Therefore it has been restated with the original timescale.

**Not met**

## Requirement 2

By 31 May 2024, the provider must ensure that children's personal plans are streamlined and purposeful.

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

- make sure support strategies are explicit and reviewed in a timely manner
- demonstrate how children and parents are involved in shaping support strategies and working together to put these into practice
- develop the use of chronologies to ensure information and decision-making surrounding wellbeing and safeguarding concerns is recorded in greater depth

- ensure that the management of children's medication and medical needs reflects the best practice guidance.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 2011/210)).

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 January 2024.**

#### Action taken on previous requirement

The development of children's personal plans was variable. However, it was evident that the service was continuing to make improvements. For example, they were working towards support strategies for children becoming explicit and reviewed in a timely manner with parents. This would demonstrate how staff work in meaningful partnership with children and parents when considering strategies of support.

For children within the younger two playrooms, we could see that staff were confidently using plans as working tools and updating children's needs and preferences regularly. There was still a need throughout the service to ensure that plans contain only the relevant and current information for children.

Staff continue to need support and guidance across the service to consider clear strategies of support for children who need extra help and to evaluate the effectiveness of these strategies.

Health care plans were in place for children with allergies or medication. We highlighted that for some children it would be sufficient to record their health care needs within their personal plan. This would result in unnecessary duplication of information.

While information documented within some children's chronologies was recorded in greater depth, some significant information was missing. This included information about risk factors and action taken by the service including contact with external agencies. We highlighted that the chronology template should be developed to record the 'source' of the information and contact details for key agencies. Chronologies should be reflected on during supervision sessions with staff to review children's needs and ensure the service is getting it right for children.

Staff should be supported to develop their confidence and skills in assessing concerns about children's safety and wellbeing more extensively. This should include strengthening partnership working with external agencies and considering how the service will use information to help secure positive outcomes for children.

The management of medication had improved since the last inspection and was mostly reflective of best practice guidance to help keep children safe. Children's medication was now kept within the playroom that they attended to ensure that it was easily to hand if needed. Relevant forms, which contained essential information to ensure the safety and wellbeing of children, were now kept along with children's medication. The service should ensure that the clear flow charts, which were specific to individual children to show the steps that staff should take and what to do should symptoms deteriorate, or an emergency occurred, should also be stored with the child's medication. The management team agreed to resolve this with immediate effect.

The inspection was carried out within the allocated timescale for meeting this requirement. Therefore it has been restated with the original timescale.

## Not met

### Requirement 3

By 19 January 2024, the provider must ensure that the main entrance door into the service is secure.

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

- ensure that the entrance door is locked at all times and that only authorised visitors gain entry to the premises
- introduce a more efficient system whereby members of the management team are not required to supervise the entrance door
- ensure policies and procedures around the security of the door and access to the premises is communicated with and put into practice by all staff
- reflect on the Care Inspectorate SIMOA practice note with all staff
- ensure all staff are vigilant to ensure effective measures are put in place so the risk of children leaving the service unnoticed is minimised.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 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 safe and secure' (HSCS 5.17).

**This requirement was made on 24 January 2024.**

#### Action taken on previous requirement

A new intercom system had been installed which connected to the majority of the playrooms. This meant that staff could speak with a visitor via the intercom to check their identity before authorising access. The management team no longer needed to supervise the entrance door, meaning that management time could be used more efficiently.

The procedure for using the intercom system had been communicated with staff to ensure all staff had a clear understanding of their role in keeping children safe.

Staff had reflected on the Care Inspectorate SIMOA practice note to increase their awareness of potential risks to children leaving a service unnoticed. This included reviewing and strengthening mitigations in place to help reduce the likelihood of a child leaving the service unnoticed.

The service was in the process of arranging for an additional fence to be built in the front garden. This would help increase children's safety.

We encouraged the service to reflect on staff deployment when allocating responsibility to answer the intercom, to ensure this caused minimum disruption to children's play and interactions with staff.

This requirement had been met.

## Met - within timescales

### Requirement 4

By 28 June 2024, the provider must ensure that quality assurance systems are robust and lead to continuous improvements.

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

- ensure that regular, meaningful audits are carried out on children's personal plans, the management and administration of children's medication, children's accidents and incidents and the cleanliness and maintenance of the service
- facilitate regular observations of staff practice to ensure staff's interactions with children reflect a strong value base
- ensure all staff support children to feel safe and secure and achieve developmental progress
- introduce and embed regular, formal support and supervision sessions for staff to reflect on their practice. This should be informed by staff's own reflections along with practice observations carried out by the management team and senior staff.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 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).

**This requirement was made on 24 January 2024.**

### Action taken on previous requirement

Auditing of children's personal plans had started. This had resulted in some plans becoming more streamlined. However, this was yet to be implemented across the service. Moving forward, the service should review the personal plan format and create guidance for staff so staff are clear on the expectation and process. This will help increase continuity across the service. The management team should carry out regular audits of children's personal plans to ensure that children's current needs, preferences and wishes are supported.

The management team were in the early stages of auditing accidents and incidents. This involved highlighting patterns. Moving forward, they should introduce an action plan to address any identified actions. This should be recorded and evaluated to see if accidents and incidents in relation to a specific pattern have been reduced or if further actions were required.

Effective monitoring of Infection, protection and control practice, including the cleanliness and maintenance of the building needs to be in place to address gaps as detailed in area for improvement five of this report.

The provider had recently appointed a health and safety officer who will help quality assure the health and safety of the service. This would enhance opportunities for children to keep safe and protected from harm.

While some informal observations of staff practice had been carried out, formal observations of staff practice had not yet been undertaken. Moving forward, the service should formalise staff practice observations. Linking these to the requirements and areas for improvement may be a helpful starting point.

Embedding formal monitoring of personal plans and online learning journals should also help identify whether staff are supporting children to make developmental progress.

Formal supervision needed to be introduced for all staff. This should focus on the impact of staff practice on outcomes for children. Actions should be agreed and followed up at the next session to assess how these have enhanced children's wellbeing and supported developmental progress.

Moving forward, the newly formed management team should have clearly defined remits to action gaps in quality. This will help ensure improvements are made and ongoing to secure positive outcomes for children.

The inspection was carried out within the allocated timescale for meeting this requirement. Therefore it has been restated with the original timescale.

## Not met

### Requirement 5

By 1 December 2023, the provider must ensure that minimum, legal staff to child ratios are maintained throughout the session and during outings with children.

This is to comply with Regulation 15(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

**This requirement was made on 24 January 2024.**

### Action taken on previous requirement

While we saw fewer occasions where the legal staff to child ratio was not maintained, it was evident that on some occasions this still occurred. For example, occasionally at the beginning and end of the day in the baby room.

Similarly, to ensure the wellbeing of children and staff, there could be more consideration given to periods of the day when the legal staffing ratio is met but is at the limit. This can impact negatively on the quality of experiences and outcomes for children and impact on the retainment of staff. Consideration should be given to the younger children, particularly under the age of two, in terms of the need for constant care givers from adults who know children very well.



This would maximise opportunities to build secure attachments and enhance healthy brain development.

We asked that the service consider consolidating the core staff team within the baby room before introducing more babies into the room. This is to enhance the quality of experience for children currently attending in the room and allow the staff team to develop and embed an effective care routine for children.

The provider intended to facilitate meetings with staff to reflect on and promote staff wellbeing. Agreed actions from these meetings should be recorded and followed up at the next meeting.

This requirement has not been met. The requirement has been restated with a new timescale of 31 May 2024. We highlighted that the service must ensure that the minimum legal staff to child ratios are maintained.

**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 wellbeing, learning and development, the provider should ensure that all children experience positive mealtimes.

This should include but is not limited to ensuring staff demonstrate respect towards children by engaging children with the mealtime experience. Staff should sit alongside children to support children's social development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child or young person I feel valued, loved and secure' (HSCS 3.10).

**This area for improvement was made on 24 January 2024.**

#### Action taken since then

In general, mealtimes had improved to help develop children's social skills. For example, staff sat alongside children, demonstrated warmth and engaged in meaningful conversations.

Children within the pre-school room who were not eating engaged in purposeful play, either child led or with adults who facilitated games. However, to help replicate this across the service, the three to four year olds room would benefit from increased resources. While the atmosphere was relaxed when children were eating, the transition to mealtimes should be calmer to enhance children's wellbeing. Moving forward, the management team should formally observe mealtimes to help address these gaps in quality.

Improvements were noted in the baby room. Children benefitted from staff who interacted and engaged with them in a respectful manner. Staff sat with children and encouraged them when eating. However, routines during this time of day impacted on children being able to eat when they were hungry. There is a need for the routines within the baby room to be improved at this time of the day. In addition, the baby room should be reset after lunch to ensure children experience a breadth of learning opportunities.

There is a need for the menu to be reviewed in line with best practice nutritional guidance for children under the age of five. This should be done in consideration of children, families and staff views and should offer a diverse range of foods and textures to support children to develop a healthy relationship with food.

This area for improvement has not been met and has been restated.

## Previous area for improvement 2

To support children's wellbeing, learning and development, the provider should ensure that children's sleeping arrangements reflect their needs and preferences.

This should include but is not limited to ensuring children's beds sufficiently reflect their size.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child or young person I feel valued, loved and secure' (HSCS 3.10).

**This area for improvement was made on 24 January 2024.**

### Action taken since then

The service had ensured that children's sleeping beds sufficiently reflected children's size.

We highlighted some aspects of safe sleeping practice that should be embedded across the service. For example, ensuring there is sufficient space between beds.

In the baby room, children were observed walking across clean bed sheets on mats with their shoes on. This presented an infection prevention control risk.

Quality assurance of children's sleeping arrangements should be introduced.

This area for improvement has not been met and has been restated.

## Previous area for improvement 3

To support children's wellbeing, learning and development, the provider should ensure that child centred planning systems are streamlined and effective.

This should include but is not limited to ensuring significant observations of children's development are captured. Staff should demonstrate how they have extended children's learning and empowered children to lead their learning more.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

**This area for improvement was made on 24 January 2024.**

#### Action taken since then

Since the last inspection, staff had undertaken refresher training on the curriculum. Staff told us about children's recent interests and how these had evolved. For example, some children had shown an interest in birds and had been provided with the opportunity to make bird food and binoculars. This demonstrated the staff's attempts to extend children's learning and provide children with a sense of challenge.

We advised that ways in which children could lead their own learning should be considered; for example, the service could introduce learning walls.

Staff would benefit from more time to regularly record observed children's learning. Children's observations within their online learning journals should be audited to see whether these are significant. Next steps in learning should be outcome focused and staff should be supported to use this information to plan future learning opportunities.

Auditing of planning now needs to take place to ensure this is child centred and makes meaningful links with children's personal plans and online learning journals.

This area for improvement had not been met and had been restated.

#### Previous area for improvement 4

To support children's wellbeing, learning and development, the provider should ensure that all children have daily access to quality outdoor experiences.

This should include but is not limited to ensuring that children have the opportunity to engage in more varied learning experiences outdoors. Children should have regular access to the eco garden and this should be better maintained and provide more quality learning experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I play outdoors every day and regularly explore a natural environment' (HSCS 1.32).

**This area for improvement was made on 24 January 2024.**

#### Action taken since then

Some children within the baby room were taken on walks and had opportunities to play in the front garden. However, due to staffing levels and location of the playroom, this was sporadic. The development of a consistent core team could enhance the time children were able to be outside. We highlighted that the service should consider having extra staff in this area due to the location of the playrooms. This would help enable staff to promptly respond to children's cues to go outside and enhance safety procedures should an emergency occur.

While the fence leading into the eco garden had been removed to make this more accessible, the eco garden was not in use due to a broken pipe. The service acted upon our advice to notify environmental health about the broken pipe to help ensure robust measures were in place to safeguard children's safety and health.

In general, the aesthetic appeal and resources available within the nursery garden had not improved. Moving forward, the gardens should reflect a sense of pride and learning opportunities that inspire children's play.

This area for improvement had not been met and has been restated.

## Previous area for improvement 5

To support children's safety and wellbeing, the provider should ensure that the service is clean and well maintained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

**This area for improvement was made on 24 January 2024.**

### Action taken since then

While we noted that some areas of the service had been painted, which helped to mitigate the risk of harbouring germs and transferring infection, there were several areas where paintwork remained chipped. These included high risk areas, such as the wooden gate leading into the nappy change area for children under the age two whose developing immune systems can be particularly vulnerable to infection.

The service had appointed a cleaning company to clean the building. The contract included cleaning of doors and skirting boards; however, we saw dirty doors and skirting boards. The provider addressed this with the company. Moving forward, effective monitoring of the cleanliness and maintenance of the building needs to be in place to identify and address areas for improvement.

The nappy change/ toilet area in the two to three year olds room was not sufficiently clean. Similarly, the cleanliness of the children's toilets in the three to four year olds room was not of sufficient standard to prevent the spread of infection.

Resources that were worn and stained and at risk of harbouring bacteria required removed or replaced, including a rug that was identified at the last inspection.

We highlighted an unpleasant odour from the pre-school room toilet.

Hand washing after wiping noses was not embedded in practice or children routinely washing hands after mealtimes. This posed a risk to children's health.

This area for improvement had not been met and has been restated.

**Previous area for improvement 6**

To support children's wellbeing, the provider should ensure that the nappy changing facilities promote children's privacy and dignity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I require intimate personal care, there is a suitable area for this, including a sink if needed' (HSCS 5.4).

**This area for improvement was made on 24 January 2024.**

**Action taken since then**

During the inspection, we noticed missed opportunities to ensure children's privacy and dignity was maintained whilst using the changing facilities. Improvement should be made to promote children's privacy and dignity.

This area for improvement has not been met and had been restated.

**Previous area for improvement 7**

To support children's safety and wellbeing, the provider should ensure that agency staff are provided with sufficient information to support them to follow the ethos and procedures of the service.

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

**This area for improvement was made on 24 January 2024.**

**Action taken since then**

The service had implemented a system to ensure that all agency staff were provided with sufficient information to ensure that they could follow the safety and wellbeing procedures, to keep children, staff and themselves safe and protected from harm. This was now embedded in practice. This included regular agency staff being invited to attend staff meetings.

The management team were keen to enhance this further by providing regular agency staff with a copy of the minutes of staff meetings. This would be particularly helpful for staff who could not attend a meeting.

To further improve the induction record, the service intended to record that a handover with the room supervisor had taken place and that agency staff have been informed about children's needs and preferences. Similarly, the service planned to include when regular agency staff had received and understood the nappy changing guidance procedures and were now permitted to change children's nappies. This would be introduced when children are familiar and comfortable with an agency staff member.

This area for improvement had been met.

## Previous area for improvement 8

To support children's safety, wellbeing and development, the provider should ensure that the induction process for new staff is robust.

This should include but is not limited to ensuring that new staff are regularly supported to reflect on their practice and develop their knowledge and skills by making effective use of the best practice guidance: Early Learning and Childcare - National Induction Resource (The Scottish Government, 2019).

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

**This area for improvement was made on 24 January 2024.**

### Action taken since then

Two newer members of staff identified at the last inspection had not had their induction completed. We advised that this should now be actioned.

Moving forward, staff should have a robust induction in line with best practice. This should enhance staff practice and improve outcomes for children. The service should refer to the best practice guidance: Early Learning and Childcare - National Induction Resource (The Scottish Government, 2019). This is a best practice resource which all staff (not just new staff) could be supported to work through to enhance all staff's knowledge of best practice guidance and current approaches.

This area for improvement had not been met and had been restated.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

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