

# Hopefield Castle Nursery Day Care of Children

The Nursery at Brixwold  
Cockpen Road  
Bonnyrigg  
EH19 3HS

Telephone: 01316295005

**Type of inspection:**  
Unannounced

**Completed on:**  
31 May 2024

**Service provided by:**  
Newbyres Nursery Ltd

**Service provider number:**  
SP2015012549

**Service no:**  
CS2021000195

## About the service

Hopefield castle nursery is an early learning and childcare setting situated in the area of Bonnyrigg, Midlothian. It is registered to provide a care service to a maximum of 66 children aged between 2 years and primary school entry at any one time. Of those 66, no more than 28 are aged 2 years to under 3 years.

The setting is close to local primary schools, parks and other amenities. Children are cared for in two play spaces with direct access into the garden. These spaces were named Dragon room for children aged 3-5 years and Griffin room for children aged 2-3 years. Both age groups have toileting and changing facilities.

## About the inspection

This was an unannounced inspection which took place on Wednesday 29 May 2024. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with children using the service
- received 16 questionnaires from their family representatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- The provider had failed to meet the three requirements set at the last inspection, meaning poor interactions for some children, continued lack of effective personal planning and lack of management oversight.
- The medication system and processes must be improved to ensure these are in line with good practice guidance.
- Children were not being challenged through their play and learning.
- Both age groups played outdoors together, allowing siblings to enjoy time together.
- Some of the areas in the setting required to be tidied and cleaned.
- High staff turnover needed better management, with improvements made to communicating staffing changes to families.
- The setting is still in a transitional period since being acquired by a new provider last year.

## From this inspection we evaluated this service as:

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

How good is our care, play and learning?	2 - Weak
How good is our setting?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate

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

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

## 2 - Weak

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

### 1.1: Nurturing care and support

We observed some staff show nurture and kindness towards children, for example by communicating with children in a comforting manner about daily routines such as nappy changing. Parents shared that their children came home happy and staff quickly bonded with their child. However, the quality of interactions and relationships was variable across the setting. Some staff placed an excessive emphasis on children sharing, causing confusion and frustration among children who were still developing their understanding of ownership and empathy. Some staff used language such as 'kicking off' and 'riled up' when describing children, indicating the necessity for staff to adopt a more empathetic approach to supporting children's emotional resilience and wellbeing. The provider had not ensured interactions promoted individual development, as required at the previous inspection (see requirement one).

The personal plans we sampled were outdated, with some marked as 'no changes' for over a year, indicating staff reporting no changes to a child's needs for some time. For children with additional needs, strategies were outdated, not reviewed, and some were inappropriate. Parents confirmed this in our feedback, stating they had never had an opportunity to review or update their child's plan. The lack of effective support strategies was described by a parent as 'really slow due to lack of support'. This does not meet the requirement set at the last inspection to ensure children's needs were met through effective personal planning (see requirement two).

The medication system was not robust enough to ensure children's safety and meet their needs. Medication was stored in the cabinet without clear reasons, and staff were unsure about its purpose. Instructions for medication were unclear, and for one prescribed cream, there were no instructions at all. Improvements must be made to the system to ensure all medications were stored, administered, and documented in line with good practice, to ensure children's safety and wellbeing. To help improve, the provider confirmed that the setting would move over to the Busy Bees medication processes immediately (see requirement three).

Staff told us that due to safety concerns and children's potential distress, parents were not routinely able to enter the playroom for drop-off and pick-up. Despite staff belief that parents preferred this arrangement and were satisfied with being kept at the door, our questionnaire feedback indicated otherwise. Parents expressed a strong desire to enter the playroom, highlighting that feedback at the door was rushed, lacked detail, and raised concerns about confidentiality due to the presence of other parents at the door. The provider had submitted applications for changes to the entrance. As a compromise, the provider expected staff to welcome parents into the setting at pick-up times, but this had not been implemented. Staff should adhere to this expectation to foster stronger connections with parents. Referencing 'Me, my family, and my childcare setting' (Care Inspectorate, 2024) would further support this (see area for improvement one).

Younger children had a flexible routine tailored to their individual needs, for example, offering a choice between indoors and outdoor play after lunch, promoting a sense of security and confidence. However, older children faced a more rigid routine often without choice and abrupt interruptions to their play. Additionally, lining up unnecessarily caused prolonged waiting times, as staff didn't facilitate smooth transitions or free flow between indoors and out. Staff needed to implement a more flexible routine for all age groups,

ensuring that children were given adequate warning and the opportunity to transition smoothly between indoors and out. Encouraging free flow and minimising waiting times would promote a more positive experience, allowing children to fully engage in their learning and play.

In the griffin room, children had a positive lunchtime with staff engaging in conversations and offering support as they sat together. However, in the dragon room, the lunchtime experience was less supportive. Children received their plates of food without interaction, and staff did not sit with them. To improve, staff should engage with children during meals, encourage self-service, and facilitate interaction to create a more nurturing environment, enhancing the dining experience and fostering social development (see area for improvement two).

### 1.3 Play and learning

Children eagerly shared their storyboard and book plans they had been creating with a staff member who fostered engaging play and learning experiences. However, other staff mostly supervised rather than actively participating in children's learning. This was highlighted by a parent who told us, 'My child enjoys when the staff plan outdoor activities and games in the garden and not when they are just left to entertain themselves'. To enhance practice, all staff should adopt an engaged approach that enriches children's experience whilst still empowering children to lead their play and learning. Support to update their knowledge was needed to enable staff to skilfully interact and encourage children's involvement, ensuring all children benefited from high quality play, learning and development opportunities (see area for improvement three).

When we requested the plans for play in the dragon room, we discovered that they were out of date, causing a lack of clarity among staff regarding children's current interests. Children's play and opportunities for learning were often limited due to some staff not recognising the importance of planning play experiences for children based on their needs and interests. Staffs understanding of child development and the significance of learning through play should be further developed (see area for improvement three).

There was a high number of children aged four and five years old in the setting. As a result, children as old as four were in the griffin playroom designated for 2-3 year olds. Staff had not adjusted the resources in this room to ensure all children were engaged with age-appropriate and challenging experiences. Children spent most of their time in the outdoor area engaged in physical activity. We observed the children having fun, clearly enjoying the physical play environment. However, as with indoors, outdoor play areas lacked resources to encourage play experiences to develop children's skills in language, literacy and numeracy. There were also not enough resources in the play areas, such as the play kitchen outside, limiting the potential for imaginative play and social interaction. To improve, staff should update the resources in playrooms and outdoors to cater to the developmental needs of all children. In doing so they should increase play experiences that support children to develop skills in language, literacy and numeracy (see area for improvement three).

The setting had tried to provide children with gardening opportunities. However, potatoes grew in an area inaccessible to children, as staff expressed concerns about potential damage. Lettuce and tomatoes in the dragon room were neglected on a paint drying unit, missing opportunities to teach children about caring for plants. Moving forward, staff should create accessible and supervised areas for gardening activities, actively involving children in caring for plants to foster their understanding of responsibility and nurture their curiosity about the natural world.

Staff made great efforts to facilitate a seamless transition to school. Children enthusiastically shared their teacher's visits to the nursery, and staff had organised upcoming visits to the children's schools. These

experiences allowed children to explore and process the concept of school in a familiar and comforting environment, helping to ease any anxieties they may have had about the transition. We observed a group of children on their own set up and engaging in a pretend school activity, with one child taking on the role of the teacher, reading a story to their friends. This not only fostered imaginative play but also promoted language and literacy skills, social interaction and turn taking.

As reported at our last inspection, there were limited approaches to evaluating children's progress and achievements. Several children had not had entries in their online learning journal for extended periods, which was a concern echoed by the majority of parents, who responded to our questionnaire. They reported that staff rarely sent observations via the app, and when they did, these observations were often outdated, leaving parents unaware of their children's learning progress. Management needed to ensure regular and timely updates to children's online learning journals. This would foster better communication with parents, and support children's overall care, play and learning (see area for improvement four).

## Requirements

1. By 16 September 2024, the provider must ensure staff consistently engage with all children, ensuring meaningful interactions that promote individual development and tailored to support each child's unique needs.

This is in order to comply with Regulation 4 (1)(a) (Welfare of users) of The Social Care and Social work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI/2011/210).

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

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).

2. By 01 October 2024, the provider must ensure they meet children's needs through effective personal planning.

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

- a) Personal plan information is kept up to date so that staff are able to meet children's needs .
- b) Developmental goals and strategies are reviewed regularly and adhered to by staff.
- c) Staff and management work closely with parents and others to ensure a consistent and holistic support plan.

This is to comply with Regulation 5(1)(a) and (b) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'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).

3. By 16 September 2024, the provider must ensure children's medical needs are met to keep them safe and healthy.

To do this, the provider must, as a minimum, ensure that;

- a) all medication is managed and stored in line with good practice guidance
- b) all staff have a clear understanding of children's medication needs
- c) there are clear up to date stepped approaches and care plans in place to support the safe administration of medication.

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

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

This is to comply with the Care Inspectorate guidance, 'Management of Medication in Daycare of Children and Childminding Services'(2014).

### Areas for improvement

1.

To strengthen connections with both children, their family and the setting, staff should routinely welcome parents into their child's playroom.

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

2. To promote a positive mealtime experience, the provider should ensure that staff encourage self-service and engage with children to create a more nurturing environment.

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

3. To promote high quality play, learning and development opportunities, the provider should ensure that:

- staff adopt an engaged approach, empowering children to lead their play and learning
- play is valued through an increased understanding of child development, and ensuring that children's needs and interests were central to all aspects of play and learning
- play experiences develop children's skills in language, literacy and numeracy.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child, I have fun as I develop my skills in understanding, thinking, investigating and problem-solving, including through imaginative play and storytelling' (HSCS 1.30).

4. To promote children's care, play and learning, the provider should ensure staff write observations to demonstrate an understanding of children's needs, interests and development. These observations should be promptly approved by management to validate staff's work and give parents the opportunity to stay informed of their child's learning.

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).

## How good is our setting?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

### 2.2: Children experience high quality facilities.

This setting was comfortable, furnished to a high standard with plenty of natural light and ventilation. However, some areas of the setting needed to be improved because it was tired and run down with marked and dirty walls and paintwork, as well as dirty rugs and cushions. Staff told us: 'We try to keep on top of the cleaning as much as we can'. We were encouraged to see that on the day of our inspection, the provider acknowledged the need for a deep clean and promptly arranged for one. The recent employment of a housekeeper was a positive development as it would relieve staff from cleaning duties during the day, allowing them to focus on the children. Moving forward, it was essential to ensure that the housekeeper had a clear schedule to maintain cleanliness and organisation within the setting effectively. Establishing and adhering to a structured cleaning routine would contribute to a more welcoming and hygienic environment for staff and children (see area for improvement one).

Areas in the garden, particularly outside the griffin room were in need of a tidy and clean as parts were dirty and disorganised. By following a consistent system for monitoring and upkeep, staff would effectively address any issues promptly and maintain high standards of cleanliness and children's safety and enjoyment in the outdoor areas (see area for improvement one).

The accessible toilet within the griffin room was used as storage for children's wellies, resulting in an unacceptable lack of cleanliness and organisation. This arrangement not only failed to meet infection prevention and control standards but limited children's opportunities to manage their belongings independently and had the potential to cause frustration. Additionally, it placed unnecessary burden on staff, who had to assist children in opening the door and finding their belongings, despite many being capable of doing so independently. We were encouraged that after our visit, these storage methods had been addressed and the area was now clear. This should continue to ensure children's sense of belonging was not undermined whilst promoting opportunities for independence, essential for their overall development and wellbeing.

Both age groups played outdoors together, allowing siblings to enjoy time together, while younger children learned from the older ones. We observed older children supporting and nurturing the younger ones, fostering a sense of responsibility. The setting benefited from extensive outdoor areas, but not all areas were being used. Forest school sessions within the nursery grounds had been paused for several months, reportedly due to staffing shortages and a fallen tree. However, this pause was not effectively communicated to parents. One parent mentioned, 'Outdoor play opportunities seem weather-dependent, especially over winter, with limited use of play spaces (mainly the garden attached to the building), and uncertainty about programs like forest schools'. Some parents also expressed a desire for visits to the care home to resume, as these had previously been successful in promoting empathy, social skills, and learning from older adults in the community. The setting should transparently address these issues with families and staff, exploring alternative solutions to resume these activities. Clear communication about the reasons behind any continued disruptions was important for maintaining trust and ensuring families receive the expected service.



## Areas for improvement

1. To provide indoor and outdoor play spaces that were welcoming and hygienic environments, the provider should establish structured cleaning routines and ensure compliance with relevant infection, prevention and control guidance.

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 good is our leadership?

**2 - Weak**

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

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

The frequent staff changes and unplanned absences placed an overwhelming burden on management, preventing them from carrying out their duties effectively. Consequently, there were significant gaps in quality assurance processes. The setting was in the process of recruiting new staff to support the existing staff team.

Parents comments varied regarding the quality of the setting. For example we were told, 'Incredibly well run and professionally managed nursery. Its clear to see there is good management' and 'The manager is always approachable to answer any queries or concerns quickly'. However, a parent told us 'Some issues and behaviours still persist and sometimes it makes us wonder whether we are being given just the lip service and they are treating matters very lightly, too lightly for something as important as looking after very young children'.

Despite being told about management presence in the rooms, our observation of poor practices within playrooms had not been identified and addressed. This highlighted that clearer oversight, guidance and support from the provider was needed to improve outcomes for all. This need was further evident in the setting's failure to meet any of the requirements from the previous inspection, with additional concerns identified during this visit. The requirement made at the last inspection to improve the quality assurance systems had been made again (see requirement one).

## Requirements

1. By 01 October 2024, to positively influence good outcomes for children, the manager must be given sufficient time and support to effectively oversee the quality of care provided. The provider must ensure this enables the manager to manage staff effectively, carry out management tasks and lead to improved outcomes for all.

This is to comply with Regulation 4(1)(a)(b) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

## How good is our staff team?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

### 4.3: Staff deployment.

When we arrived for our inspection, both age groups of children were together in one room due to staff sickness, resulting in a chaotic environment. At that time, it was concerning that management were engaged in other tasks that could have been delegated or postponed. This lack of support meant opportunities to support visibly stressed staff and unsettled children were missed. If staff had been supported in their care of children, the two groups could have been separated, maintaining a nurturing environment with minimal disruption to routines. Improvements should be made to staff deployment arrangements to enable children to be cared for in a supportive and secure environment (see area for improvement one).

In response to sickness and annual leave, management moved staff across rooms and staff were brought in from other nurseries within the group to provide support. We noted that certain movements were unnecessary, disrupting routines and impacting on the continuity of care for some children. Management need to ensure that staff movements were kept to a minimum. This would not only promote a sense of security for children but also enhance staff morale and effectiveness (see area for improvement one).

In feedback to us, some parents raised concerns regarding the high turnover of staff in the setting. Some staff expressed concerns about the excessive amount of key children for each staff member due to staff changes and unplanned absences. The provider was aware of the staffing changes and gave assurances that this was a temporary measure due to safer recruitment procedures being completed before staff could start at the setting.

Some staff expressed concerns about the excessive amount of key children for each staff member due to staff changes and unplanned absences. The provider was aware of the staffing changes and gave assurances that this was a temporary measure due to safer recruitment procedures being completed before staff could start at the setting. A parent mentioned that the setting felt 'understaffed at times,' while another suggested that the frequent staff changes indicated potential issues for the staff and they didn't know who their child's keyworker was. Many parents reported that they and their children were not informed about staff changes, only finding out after staff had left and without introduction to new or temporary staff members. The provider must intervene to support staff during this challenging time. By implementing clearer communication channels management would alleviate the burden on staff and reassure parents. This approach was essential to maintain staff morale, ensure consistent care for children, and foster a supportive and trustful environment within the setting (see area for improvement two).

While staff reported having a good induction, gaps in practice highlighted that the induction program needed to be improved to ensure that all staff were clear on what was expected of them. A robust mentoring process was essential, with mentors who had a strong knowledge of child development, meeting children's needs, and the high standards that the provider expected. With clear expectations, new and less experienced staff would be better equipped to recognise when things weren't working well. Strong communication with mentors and managers would increase the likelihood of staff challenging poor practice

effectively and confidently. This approach would help maintain a high-quality learning environment and ensure the best outcomes for the children.

### Areas for improvement

1. To promote high quality outcomes for children and staff, the provider should ensure management were supportive of the staff team by deploying themselves and staff effectively.

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

'My care and support is consistent and stable because people work together well (HSCS 3.19)

2.

To foster supportive and trustful relationships, the provider should ensure that where possible, families were prepared in advance of their key worker's absence. Families should also be kept informed of staff leaving and introduced to temporary or new staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am supported and cared for by people I know so that I can experience consistency and continuity' (HSCS 4.16).

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

### Requirements

#### Requirement 1

By 18 September 2023, the provider must ensure staff consistently engage with all children, ensuring meaningful interactions that promote individual development and tailored to support each child's unique needs.

This is to comply with Regulation 5(1)(a) and (b) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'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 8 August 2023.**

#### Action taken on previous requirement

As noted in this report, insufficient action had been taken to meet this requirement.

**Not met**

## Requirement 2

By 02 October 2023, the provider must ensure they meet children's needs through effective personal planning.

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

- a) Personal plan information is kept up to date so that staff are able to meet children's needs .
- b) Developmental goals and strategies are reviewed regularly and adhered to by staff.
- c) Staff and management work closely with parents and others to ensure a consistent and holistic support plan.

This is to comply with Regulation 5(1)(a) and (b) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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'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 8 August 2023.**

### Action taken on previous requirement

As noted in this report, insufficient action had been taken to meet this requirement.

**Not met**

## Requirement 3

To positively influence good outcomes for children, the manager must be given sufficient time and support to effectively oversee the quality of care provided. The provider must ensure this enables the manager to manage staff effectively, carry out management tasks and lead to improved outcomes for all.

This is to comply with Regulation 4(1)(a)(b) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'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 8 August 2023.**

### Action taken on previous requirement

As noted in this report, insufficient action had been taken to meet this requirement.

**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 promote children's care, play and learning, the provider should ensure staff write observations to demonstrate an understanding of children's needs, interests and development. These observations should be promptly approved by management to validate staff's work and give parents the opportunity to stay informed of their child's learning.

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).

**This area for improvement was made on 8 August 2023.**

#### Action taken since then

As noted in this report, insufficient action had been taken to meet this area for improvement.

### 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).

## Detailed evaluations

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

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