

Willow House Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
1 July 2024

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000114

About the service

Willow House Care Home is situated on the outskirts of Anstruther. The service provides nursing and social care. The home comprises of two floors, each having its own communal sitting and dining areas. The upper floor can be accessed by a passenger lift. Bedrooms are all ample size with ensuite toilet and shower facilities.

The home benefits from well kept, landscaped surrounding garden areas, with garden seating. There are car parking facilities at the front of the home.

Willow House Care Home was re-registered with the Care Inspectorate on 24 April 2023 to provide 24 hour care and support for up to 40 older people. The service is provided by Holmes Care Group Scotland Ltd.

About the inspection

This was an unannounced inspection which took place on 25,26 and 27 June 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 eight people using the service and five of their families.
- Spoke with eight staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

Key messages

- Risks to people were being managed better in relation to health care.
- People need to be more involved in planning their support.
- People's care plans needed further development.
- Medication systems required to be improved.
- Staff learning had improved but needed further development.
- The home environment required improvement to make is clean, safe and comfortable for people to live in.

From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

2 - Weak

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

People should expect to experience warmth, kindness and compassion in how they are supported and cared for.

People commented positively on the range of activities that were offered. The activity co-ordinator was active in finding out people's interests and planning activities round this. The service had the use of a shared bus and used it to take people to places of interest. One person told us that they were to be making cakes in the morning to then enjoy later in the day at an afternoon tea.

We observed many staff to be warm and caring and interacting well with people in a friendly manner, however, a few were less communicative with people. This included staff speaking with each other and not including supported people or not being responsive when a person approached them. This did not demonstrate that people were always treated with dignity and respect.

The findings of quality indicator 4.1 People benefit from high quality facilities were taken into account when assessing the quality indicator "people experience compassion, dignity and respect". We were concerned that people were not treated with dignity and respect because the environment was not clean, that areas of the home were hazardous to people and that much of the bedding in the home was not fit for use. (See area for improvement one)

People's health should benefit from their care and support, with health needs being promptly attended to. Staff were generally knowledgeable about people's health and care needs.

Health care professionals said the service worked well with them to the benefit of people living at Willow House. They said the staff there knew the people well and were able to alert them to any health concerns.

Two outstanding requirements had been satisfactorily met. These related to monitoring of people's nutritional needs, food and fluid intake, referrals to other health professionals as needed, carrying out risk assessments where people were at risk of choking.

We sampled care plans and found that choking risk assessments were in place, with guidance about how to safely support people at risk of choking. Food and fluid charts were in place and had been evaluated daily to inform forward care. Training records showed that the majority of staff had undertaken nutrition training - including dysphagia/ choking and food and fluid management. Staff we spoke with demonstrated a good understanding of how textured meals/drinks were prepared and how to support a person at risk of choking. This helped to keep people safe.

People should be able to enjoy meals that are nutritious, well cooked, well presented and that meets their choices and expectations. People could choose to dine in the communal dining room or their own room if preferred. They were encouraged and enabled to eat their meals independently with just the right level of support from staff, where needed.

However, when we asked people if they enjoyed their meal, some comments received were negative and including "the food is just ok", "there is not enough variety", "it's not presented nicely". This was consistent with our observations.

There were no menu plans in place, kitchen staff told us that they decided on the day what would be cooked for lunch and dinner. Two similar meat dishes were the lunch choice during our visit. This did not take account of differing preferences or ensuring a planned variety of meals.

Care staff did not demonstrate an awareness of the importance of good presentation of food, this included food being spilt over the sides of the plate, the wrong type of cutlery or crockery or excessive noise when serving meals. It is important that staff recognise the importance of well prepared and presented meals, to encourage people to eat and be respectful to them.

(See area for improvement two)

People were not always receiving their medication as intended by the prescriber. There were some missing signatures on medication recording sheets and stock counts indicated that these had not been given. One person prescribed a regular medication for minimising stress or distress was not regularly receiving this, there was no explanation for this on the medication recording sheet or any supporting documents. It is important that people receive their prescribed medication to promote their health and wellbeing.

The medication room required to be cleaned. Trolleys, worktops and floors were not clean, this was not safe for the preparation of medications and treatments.

The leadership team agreed to review access to the room as there were returns waiting on return to the pharmacy which were not secure. (See requirement one)

Requirements

1. By 7 September 2024 you must protect the health and welfare of those who use the service. In particular, you must ensure people receiving care experience safe, competent, and effective support with medication. You must also ensure that pain experienced by people receiving care is identified and addressed timeously. In order to achieve this, you must:
 - a) Ensure that all medication is administered in accordance with the instructions of the person authorised to prescribe or discontinue a medicine.
 - b) Ensure that all medication is stored securely and that only authorised persons have access to medication rooms.
 - c) Ensure that medication rooms and all equipment within these are suitably clean.
 - d) Ensure that as required medication protocols are accurate and any steps to be taken prior to given an as required medication are clearly recorded and followed. This must include recording the outcome of using the medication and taking any follow up necessary.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 4 (1)(b) and Regulation 4(1)(b) and Regulation 5(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. The provider should ensure that people are supported with dignity and respect at all times. This should include:

- Ensuring good communication and interactions are being supported by staff and
- Ensuring that the environment is clean in all areas and to promote personalisation of individual bedrooms.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I experience care and support where all people are respected and valued" (HSCS 4.3), "If I live in a care home, I can decide on the decoration, furnishing and layout of my bedroom, including bringing my own furniture and fittings where possible" and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. (HSCS 5.22)

2. To promote people's nutritional health, the provider should regularly review the menu arrangements to ensure adequate provision of meal choices. People living in the home and their representatives should have the choice to be involved in the menu planning. Meals should also be presented in a way that encourages people to eat well.

This is to ensure that 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.

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.

At the time of this inspection the service was operating under interim management arrangements. The deputy manager was acting up on an interim basis as home manager. He had returned to the home following a secondment. He and the operations manager were in the process of carrying out baseline quality audits, to identify strengths and areas for improvement. This was in the early stages of development.

There had been a lack of effective quality assurance systems or management oversight in place leading up to these interim arrangements being put in place. Audits had failed to identify most of the issues that we found during the inspection.

These included issues with medication, cleanliness and maintenance of the home. We looked at recent mealtime audits which had not raised any issues This was a missed opportunity to identify key areas for improvement, meaning people's health and wellbeing was not being maximised.

The service development plan was limited to the requirements from the last inspection report. We spoke with the leadership team about the importance of gathering information from various sources including the views of others.

The views, needs, preferences and wishes of people living in the service should be the focus of quality assurance systems.

The outstanding requirement remains in place. (See requirement one)

Requirements

1. By 7 September 2024, the provider must ensure that there are appropriate quality assurance systems in place, to ensure that the health, safety and wellbeing needs of people receiving care are met, and they experience positive outcomes. This must include, but is not limited to:

a) Ensuring appropriate and effective leadership of the service.

b) Implementing accurate and up-to-date audits for monitoring and checking the quality of the service are in place and ensuring that any areas for improvement identified, as a result of an audit are addressed without unnecessary delay.

c) Ensuring that the care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should expect to have their needs met by the right number of people. The service regularly assessed dependency levels to ensure appropriate staffing levels. Staffing levels were mostly consistent with the assessed needs of the service. We spoke with people living in the home and their families. Most felt they were well supported and could access staff when they needed them, however, one person commented that they could wait lengthy periods for their call bell to be answered. We observed a couple of occasions where people were unsupervised in lounge areas and needed the assistance of staff. It is important that people are supported and able to access staff at all times.

We discussed with the leadership team the importance of gathering the views of staff, supported people and families about their experiences including staffing levels. (See area for improvement one).

A requirement was made about staff training at the last inspection. Staff felt that training opportunities had improved and this was reflected in the service's training matrix. Whilst we found staff practice in relation to risks of choking and nutrition management had improved, not all staff had received training in these and other identified training areas. This is important to ensure that staff have the skills and knowledge to support people safely. An amended requirement is made. (See requirement one).

Requirements

1. By 7 September 2024, in order that people experience good outcomes, the provider must ensure staff have the knowledge, skills and understanding to meet the needs of people using the service. Priority must be given to: restraint and restrictive practice, stress and distress, dementia, pain management and epilepsy, food and fluid and choking management.

In order to achieve this, the provider must:

- a) Carry out staff training needs analysis on regular basis.
- b) Ensure the content of training is person-centred to the needs of people using the service.
- c) Ensure that all staff receive mandatory training and that refresher training is carried out at agreed timescales.
- d) Develop and implement systems to ensure learning is transferred into practice.
- e) Ensure staff's knowledge, skills and understanding remains current and meets best practice standards.

This is in order to comply with Regulation 15 (b)(i) 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 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)

Areas for improvement

1. The provider should ensure that staff are deployed in such a way that benefits people using the service and to ensure availability of staff to support people timeously. This should include taking account of the views of staff, people using the service and their relatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "My needs are met by the right number of people" (HSCS 3.15) and "I am confident that people respond promptly, including when I ask for help (HSCS 3.17)

How good is our setting?

2 - Weak

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

People should experience high quality facilities and be living in a setting which is clean and well maintained.

We carried an environmental check of the building and found several areas of concern. These included:

- The main kitchen was not clean, this included worktops, units, the cooker and fridges. There was debris on the floor and a build up of grease on equipment.

The fly screen on the exit door was not always kept closed meaning flies could enter the kitchen. Some equipment was rusty meaning that it could not be cleaned effectively. Storage of dry goods was separate to the kitchen, the large store cupboard was used for multiple purposes and not kept locked. The store was not clean with food stored on damaged surfaces which could not be cleaned effectively (this was addressed during the inspection).

- Bathrooms were not always clean, some care equipment was stained and a shower tray required cleaning or the sealant replaced. Several bins were broken and could not be used safely. Numerous pieces of care equipment were stored in communal bathrooms creating trip/fall risks to people and detracting from a pleasant environment to be supported with personal care. (See requirement one)
- The majority of the bedding in use was in need of replacement. Duvets and pillows were worn and the filling damaged. (These were replaced during the inspection). This is important both for hygiene purposes and also to treat people with respect. (See area for improvement in key question 1)
- Some people's bedrooms had been personalised to reflect them as individuals. This included family pictures, ornaments and bedding chosen by the person or their families. However, several rooms lacked this personalisation. This should be encouraged to promote a comforting and familiar setting for people.
- Maintenance was not managed well. This included the testing of equipment such as, electrical testing (testing had been carried out but individual items tested could not be identified), hot water tests were carried out to ensure that they did not exceed a safe level. Where the safe temperature had been exceeded there was no record that this had been addressed. Additional maintenance support was sourced during the inspection and a thorough check was carried out of issues to be addressed. Areas addressed included unsafe wiring in a lounge area and removal of a damaged table. It is important that all safety checks are carried out to ensure a safe living environment for people. (See requirement one)

Requirements

1. By 7 September 2024 the provider must ensure that service users experience a safe, clean, and well-maintained environment. In particular, the service must be staffed, resourced, and led in a manner that will ensure.
 - a) All areas and equipment used within the home are free from contamination and are cleaned effectively,
 - b) Systems, including effective cleaning schedules, are implemented with regular quality assurance checks, to ensure that the environment is consistently safe, clean and well maintained.

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

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People's individual needs and preferences need to be central to deliver positive outcomes for people. Health assessments, risk assessments and essential care information was in place and up to date. This ensured that staff had the essential information to support people safely.

Although, we saw some examples of personalised care planning, this was not consistent. This is important to ensure that people are supported in their preferred ways. Care plans provide essential information about people being supported and their care and support needs. They should include details of the person's life, work and family histories as well as interests and preferences.

The provider was planning to move to an electronic care plan system. They should take this opportunity to improve the quality of the plans ensuring staff have the appropriate skills to take this forward. People and their families where appropriate should be involved in compiling their care plans, to ensure that they include the person's wishes and preferences. The requirement made at the previous inspection is met in relation to risks and health and care needs. This is replaced by an area for improvement to ensure personalisation of plans.

(See area for improvement one)

Areas for improvement

1. To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people have person-centred care plans in place, that offer clear and up to date guidance to staff.

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) .

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

Requirements

Requirement 1

By 02 February 2024 the provider must support people to ensure they maintain a good daily food and fluid intake to maintain their health and wellbeing. To do this, the provider must, at a minimum:

- a) Ensure proper provision for the consistent and accurate assessment and monitoring of people's nutritional needs.
- b) Ensure proper provision for appropriate and timely referrals to other healthcare professionals.
- c) Ensure staff awareness, skills and knowledge of people's nutritional needs and how these needs should be met.
- d) Ensure accurate and consistent recording of people's food and fluid intake where appropriate and required.
- e) Submit weekly progress reports to the Care Inspectorate verifying the necessary improvements are being made to meet this requirement.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS) 1.23.

This requirement was made on 9 November 2023.

Action taken on previous requirement

The service were keeping up to date and accurate records of food and fluids for people where a need was identified. The interim manager had an oversight of these on a daily basis and discussed any issues with the staff team.

Records showed that people were referred to other health professionals as required. A visiting health professional was happy with the level of referrals and requests for assistance.

Significant progress had been made with staff training and staff we spoke with demonstrate a good understanding of good nutrition, hydration and risk of choking. We are satisfied that this requirement is met. We will follow up staff training at the next inspection and report progress under the requirement about training under how good is our staff team.

Met - outwith timescales

Requirement 2

By 02 February 2024, the provider must protect the health, welfare and safety of those who use the service.

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

- a) Implement effective risk assessments and care plans to mitigate the risk of choking for individuals who might access food that is not modified, to accommodate their care and support needs.
- b) Ensure staff awareness, skills and knowledge of people's risks and how these are to be mitigated.
- c) Submit weekly progress reports to the Care Inspectorate verifying the necessary improvements are being made to meet this requirement.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS) 1.23.

This requirement was made on 9 November 2023.

Action taken on previous requirement

Care plans now held up to date choking risk assessments and guidance about how to manage any risks. We spoke with staff who demonstrated understanding of how to support people safely.

Significant progress had been made with staff training and staff we spoke with demonstrate a good understanding of good nutrition, hydration and risk of choking. We are satisfied that this requirement is met. We will follow up staff training at the next inspection and report progress under the requirement about training under how good is our staff team.

Met - outwith timescales

Requirement 3

By 02 February 2024, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety and wellbeing needs of people receiving care are met, and they experience positive outcomes. This must include, but is not limited to:

- a) Ensuring appropriate and effective leadership of the service.
- b) Implementing accurate and up-to-date audits for monitoring and checking the quality of the service are in place and ensuring that any areas for improvement identified, as a result of an audit are addressed without unnecessary delay.
- c) Ensuring that the care and support provided meets the assessed needs of people receiving care and that they experience positive outcomes.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

This requirement was made on 9 November 2023.

Action taken on previous requirement

Whilst a range of audits and quality assurance processes are being carried out, these were in the early stages of development under the new interim management arrangements. We found aspects of service delivery that need to be addressed. Please see key question 2 "How good is our leadership". This requirement is continued.

Not met

Requirement 4

By 02 February 2024, the provider must ensure people's rights are upheld and respected, and that they have access to the services and support they require, including support with, and the safeguarding of their finances. In order to do this, the provider must have effective financial systems in place that are transparent and auditable.

This is in order to comply with Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Part 4 of the Adults With Incapacity (Scotland) Act 2000, 41 (b), (c), (f) and (h).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

This requirement was made on 9 November 2023.

Action taken on previous requirement

We examined finance management and were satisfied that the service had processes in place to keep people's monies safe. This included ensuring that people had access to monies at all times. They had achieved this by keeping funds in a safe that senior staff could access at all times.

Met - within timescales

Requirement 5

By 02 February 2024, in order that people experience good outcomes, the provider must ensure staff have the knowledge, skills and understanding to meet the needs of people using the service. Priority must be given to: mandatory training, food & fluid management, and managing the risk of choking. In order to achieve this, the provider must:

- a) Carry out staff training needs analysis on regular basis.
- b) Ensure the content of training is person-centred to the needs of people using the service.
- c) Develop and implement systems to ensure learning is transferred into practice.
- d) Ensure staff's knowledge, skills and understanding remains current and meets best practice standards.

This is in order to comply with Regulation 15 (b)(i) 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 state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.'(HSCS 3.14).

This requirement was made on 9 November 2023.

Action taken on previous requirement

The service were making good progress to ensuring that all staff had the mandatory and service identified training in place for staff. The leadership team were aware of this and were progressing the training plan. This requirement is continued.

Not met

Requirement 6

By 02 February 2024, the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered. To do this the provider must, at a minimum, ensure:

- a) Care and support plans include any relevant risk to them that could affect their health and wellbeing.
- b) Risks and associated support measures are clearly stated, and with sufficient detail within people's care and support plans and assessed at agreed intervals.
- c) Care and support plans include information on all important care needs and health conditions.

- d) That all care documentation is kept up to date and used to evaluate and amend people's care as needed.
- e) Quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.

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 Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15); and '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 9 November 2023.

Action taken on previous requirement

The care plans had been updated to provide essential health assessments, risk assessments and information about how to manage any risks. The essential care information was in place and up to date. This ensured that staff had the essential information to support people safely.

The plans still needed further development to provide more person centred information and detail of people's wishes and preferences. We have replaced this requirement with an area for improvement.

Met - within timescales

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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