

Cherrytrees Children's Nursery - Dunbar Day Care of Children

3 Abbey Road
Dunbar
EH42 1JP

Telephone: 01368 860 555

Type of inspection:
Unannounced

Completed on:
25 July 2024

Service provided by:
Cherrytrees Childrens Nurseries
Limited

Service provider number:
SP2003001989

Service no:
CS2004069338

About the service

Cherrytrees Children's Nursery - Dunbar provides a daycare of children service situated in the centre of Dunbar, close to local schools, shops and other amenities. The service is registered to provide care to a maximum of 83 children not yet attending primary school at any one time of whom no more than 23 are aged under two years.

The service provides accommodation over two floors with babies, toddlers and preschool children being cared for on the ground floor and children aged two-to-three years cared for on the first floor. Each age group has a designated enclosed garden area. There is a kitchen, office, staff room, toilets and nappy changing facilities.

About the inspection

This was an unannounced inspection which took place over the 22nd and 23rd of July 2024. The inspection was carried out by two inspectors 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 during their play
- reviewed comments made by 26 parents on our MS questionnaire
- spoke with staff and the manager
- observed staff practice and daily experiences for children
- reviewed documents.

Key messages

- Children experienced kind and nurturing care from staff which helped them feel safe and secure.
- There were improvements to personal planning. This needed to be continued to streamline the record keeping and further develop individual support systems for individual children.
- Older children benefitted from well organised mealtimes. Meals for the younger children needed to be reviewed and procedures developed which took account of good practice guidance.
- Children were having fun and most had access to sustained outdoor play opportunities, which supported choice and health and wellbeing.
- To ensure children's health and wellbeing infection prevention and control measures needed to be followed consistently in the setting.
- Improvement plans in the setting were being developed by the manager and senior team. Some work was still necessary in this area but some progress was being made.
- Children were supported by staff who had been suitably deployed in the setting. Staff supported children by working well as a team.

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?	3 - Adequate
How good is our setting?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good

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

How good is our care, play and learning?

3 - Adequate

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

Quality indicator 1.1 - Nurturing care and support

Children benefitted from a calm and welcoming atmosphere in the setting. Staff greeted children warmly at the start of the day and most children were happy and confident coming into the setting.

Children received nurturing and kind interactions from staff. Children often looked for and received good support from staff where they hurt themselves or had disagreements with their peers. Overall these were handled sensitively by staff. There was a good understanding from staff around the factors that might impact on a child and they adapted the pace of the day or the people in the room to support individual children. Some staff still need to be mentored and guided regarding respectful interactions with children. For example, speaking to children to let them know what is happening while care or assistance is given. This is a practice issue which should be addressed through continued mentoring and peer discussion.

The information gathered on individual children to make up the personal plan had improved. Overall, information was up to date and reviewed with parents. However the system was overly complicated and needed to be streamlined to enable staff to use the information effectively.

There was a greater understanding of how to develop and record support strategies for children who needed them. Some improvement was still needed to the auditing of personal plans to ensure that staff were supported to develop strategies that met the developmental needs of children and were based on good practice (see area for improvement 1.)

To ensure an overview of individual care and support, there was a keyworker system in place. There were instances where this worked well but to provide consistency across the setting, we have asked the manager to re-visit the keyworker system with staff and parents. This would help to ensure that the purpose and remit was clearly understood and that responsibility for sharing information with parents and recording in children's personal plans was clear to staff.

Snacks and meals provided most children with a healthy diet. Staff knew which children had food preferences or allergies. The meal in the 3 -5 year-old playroom was well organised and children enjoyed a sociable time with staff where they had good opportunities for choice, independence and learning some life skills.

There was a need to improve the mealtime experience for tweenies to ensure that this important part of the day provided children with meaningful experiences. There was an over reliance on providing an alternative to the prepared meal, rather than encouraging children to try foods through attractive presentation, and role modelling from staff and peers who ate well, before an alternative was provided. We have signposted the manager and staff to NHS and other good practice guidance for individual children and to promote a consistent approach to meal times.

Mealtime and snack in the baby room needed further consideration to ensure that the good practice on feeding of bottles and the choking guidance was understood and followed by staff (see area for improvement 2.)

On the whole medication procedures promoted children's health and wellbeing and were organised. However, those who were auditing the medication procedures needed to be familiar with good practice to accurately identify gaps. For example, consent for long term medications should be reviewed with parents at least every three months. The auditing and recording needed to be used effectively to support children. For example, where the medication form indicated that the alleviant procedures for medications such as asthma inhalers included following the flow chart, this should be available for staff to follow as part of the child's medical plan (see area for improvement 3.)

Quality indicator 1.3 - Play and learning

There were many children who were having fun and engaging in a variety of play experiences which supported them to learn and develop skills.

Some of the play spaces were not fully set up for children's play when we arrived and this impacted on children's engagement in what was available to them. On the second day of our visit this was much improved and one child told us "We always have fun things to do." There was a range of evidence held in the planning for play and the floor books to show what opportunities children normally had and these were interesting and varied. To support learning environments we have asked staff to undertake an audit of their playrooms to ensure that they provide rich and exciting play and care environments. We comment on this in quality indicator 2.2.

The planning for play and the playroom floor books evidenced a child led approach to providing play and learning experiences. In the planning for play experiences more account of play types such as Schematic play could be included. This would help those working with under 3's to further understand and provide for individual learning preferences.

To improve the range of play opportunities for children we have asked staff to consider improved provision for drama, dressing up, dance and music. Outdoor areas needed to be included in planning to reflect their importance as learning spaces. Throughout the setting staff needed to consider the appropriateness of background music to ensure it added value to children's experiences.

In the 3 - 5 age group staff were using questioning effectively to promote children's curiosity and supporting their learning. This was not consistent across the setting but experienced staff were providing good role models to increase the use of appropriate questioning to support learning. Further information and training for staff would increase consistency.

Children in the 3-5 year old room benefited from sustained choice to play indoors or outdoors. They were active in this space and on the second day of our visit used the area well for physical play, using the loose parts and searching for 'beasties.'

Older children in the setting had their development and learning tracked effectively and staff had a clear understanding of children's progress and where there may be gaps in learning. For other groups the manager needed to develop a cohesive and simplified approach to gathering information on individuals progress, skills and learning. This would enable assessments to be made easily and information to be shared with parents more regularly. We have restated an area for improvement made at the last inspection (see area for improvement 4.)

Areas for improvement

1. Strategies to support children should be developed in line with good childcare practice. Strategies should be monitored regularly by keyworkers and senior staff to ensure on going progress.

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

2.

To support children's safety and wellbeing all staff should be familiar with and follow good practice guidance on choking prevention in young children. Where children are bottle fed this should follow a nursery procedure developed in line with good practice.

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

3. To support children health and wellbeing staff who are responsible for the administration of medication and auditing of medication procedures should be familiar with good practice and carry out auditing effectively.

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

4. The tracking and sharing of children's learning and development should be further supported by a consistent approach to the recording procedures. This should include guidance for all staff on the expectations of sharing development on the Family app and monitoring observation quality to ensure the effective tracking of children's development.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS) which state: 'I am supported to achieve my potential in education and employment if this is right for me.' (HSCS 1.27.)

How good is our setting?

3 - Adequate

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

Quality indicator 2.2 - Children experience high quality facilities

Throughout the nursery was a good range of furniture and children had an appropriate amount of space for their play. Work was progressing to provide interesting child focussed displays in communal spaces such as corridors and hallways. This helped to provide a welcoming environment for children and families.

There were some improvements to play and care environments throughout the nursery. For example, the babies now has access to sand and water play and there had been positive adaptations to the environment for toddlers. However, some of the play rooms provided better quality environments than others and some staff had a firmer understanding of what constituted a high quality environment for children.

Work had taken place to evaluate the environments but the process for achieving this was not clear nor easy for staff to follow. We have asked the manager and staff to use good practice documents such as 'Realising the Ambition', 'Voice of the Infant' and 'Growing my Potential' to enable them to assess the environments from a child's perspective. This will help them to develop care and play environments indoors and outdoors which are safe and nurturing and enables high quality engagement in play and learning. We have reworded and restated an area for improvement made at the last inspection (see area for improvement 1.)

The outdoor areas for children under 3 years were identified by the setting as needing improvement to their layout and some of the resources. While this was being planned we asked staff to ensure that there were an improved range of play opportunities in these spaces. For example, ensuring the mud kitchen is set up for children to use and that more loose parts are provided for children to explore. Babies were taken for walks in buggies to get fresh air during the day, but they also needed to have significantly more access outdoor physical play during their day.

Overall, areas of the setting were well maintained and clean. There were some areas where infection prevention and control measures needed to be addressed and staff practice improved. These included:

- ensuring that all children washed their hands before snacks and meals
- ensuring that highchairs were clean before use and stored out with the playroom after use
- carrying out cleaning in nappy changing areas to ensure that at all times resources such as clothes or nappies were in closed containers and that storage areas were clean.

There was a programme of refurbishment for the setting. We have asked that some areas, such as the kitchen area in the tweenie room is give some priority to ensure that it provides children with a pleasant environment which can be easily cleaned (see are for improvement 2.)

Children in the tweenie room had a dedicated area for sleep. We have asked staff to ensure that good practice is followed at this time to ensure that children have suitable bedding, including a bottom sheet for their sleep mat and that the ventilation is suitable for the room. This will further promote children's wellbeing and safety.

Measures were in place to ensure that documents and information about children were kept in line with data protection guidance. Digital platforms were password secured and permissions for sharing of information was in place.

Areas for improvement

1. Children should be provided with rich and developmentally appropriate spaces for their care, play and learning. The manager and staff should evaluate children's experiences and environments using good practice guidance to make improvements to indoor and outdoor environments.

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

2. To support all children infection prevention and control measures should be shared with staff to ensure a firm understanding of procedures and expectations. These procedures should be followed consistently by staff.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS) which state: 'My environment is safe and secure.' (HSCS 5.19.)

How good is our leadership?

3 - Adequate

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

Quality indicator 3.1 - Quality assurance and improvement are led well

The manager of the setting had carried out work to develop ways in which to share the vision, values aims and objectives of the setting. Staff commented that they felt "More important and valued." another said "There is more communication and I feel listened to." The manager felt that a change of managerial ethos had helped to make sure that "We are all on the same page." This was helping to start the process of developing a shared responsibility for high-quality outcomes for children.

The views of children were beginning to be evidenced through the floor books and responsive planning for play. Older children were regularly asked what they thought and asked to make decisions or suggestions. Continuing to seek the views of all children would help the setting to tailor support and improvement towards the needs of children.

The manager was continuing to develop opportunities to ensure that parents could be involved in the improvement of the setting. We have asked the manager to ensure that when these opportunities are provided that good quality feedback is given to parents or staff regarding the outcome or improvement which will be made as a result.

Work on self-evaluation had started. As it was at an early stage the impact of self-evaluation was not yet clear. We asked that the manager ensured the system used had more focus, was understood by staff and had a clear impact on the outcomes for children. As a partner provider with the local authority documents and support will be available for the development of a clear self-evaluation system. We have restated an area for improvement made at the last inspection (see area for improvement 1.)

Some of the auditing of procedures and systems had been delegated to the room co-ordinators. The manager needed to have an overview of these audits to enable them to identify where there were gaps and improvements needed to systems or staff practice. For example, where strategies to support children were developed the manager should have an overview to ensure that they were appropriate and assessed as necessary.

Staff benefitted from a leadership structure where there was always a person identified to provide manager support. We have asked the manager and provider to look at the responsibilities being given to the playroom co-ordinators as these were considerable. There needed to be more balanced between leadership of their teams to provide positive outcomes for children and the additional auditing and monitoring roles which were being expected of them (see area for improvement 2.)

Areas for improvement

1. To ensure that children receive a high quality of care and support the childcare manager should develop an effective quality assurance system which includes self-evaluation. This system should be clearly understood by staff and include gathering the views of parents, children and where suitable external

stakeholders.

To enhance the self-evaluation process, systems for auditing the quality of children's environments and children's records should be implemented.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19) 'I use a service and organisation that are well led and managed.' (HSCS 4.23).

2.

To support a clear leadership structure the manager and provider should review the leadership team roles and responsibilities. This will help to ensure that playroom co-ordinators have a clear focus on the leadership of their teams to support high-quality care and support for children.

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

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children and clearly outweighed areas for improvement.

Quality indicator 4.3 - Staff deployment

Staff supported children through their calm and organised approach to arrangements for the day. They worked well as a team to ensure that supervision and meeting children's care needs could be readily provided. Room co-ordinators were organised to identify where staff needed to be deployed and staff worked well as a team.

Staff indicated that there was good communication between the leadership team and those providing direct care to children. This had been achieved through more opportunities for communication and open discussion. This had enabled a firmer understanding of the vision and values of the setting.

We visited during a holiday period and although there were staff absences these had been prepared for and staff, who were familiar to children were moved to fill gaps. This helped to provide a more consistent approach to staffing, and ensured that children received care from staff who they knew.

Many parents commented that their children liked staff in the setting. Parents were welcomed warmly into the setting by staff and interactions and information exchanges were professional. Comments included "There was a period of time where staff seemed to be moving around a lot within the setting and I was not aware who was in my child's room. This seems to have settled down now, with the opportunity to build relationships." Staff are outstanding, loving and confident in their approach to supporting all children. They are great at communicating positives and any areas for concern on a daily basis. "Staff are lovely, everyone is generally warm, friendly, engaged .. sometimes newer members of staff take a bit of warming up but they get there!"

Work continued to ensure that staff had regular professional development reviews. These helped staff to identify areas of practice that staff wanted to develop further and provided an opportunity for the manager

of the service to share comments on performance. We have asked the manager to re-visit the purpose of these reviews with staff, as there was confusion as to the name, frequency and outcomes of the meetings. The manager should ensure that information from the meeting was shared with the room co-ordinators, where there were areas where staff need additional support or wanted to take forward setting developments. This would enable them to provide further support and opportunities for staff.

Many staff have carried out some additional training to scaffold their professional development. There were still some gaps in staff understanding of child development and an active use of some of the good practice documents which would help to improve outcomes for children and to develop their professional understanding.

There were regular opportunities for room co-ordinators to meet together to discuss operational issues, have peer support and reflective practice discussions. The opportunities for other staff to take part in team meetings was not consistent. We have asked that the manager addresses this to ensure that each playroom can have a meeting at a child free time. This will enable staff to have fuller discussions about operational and childcare issues and take part in reflective practice discussion. These opportunities will help to develop a shared approach and understanding of high quality outcomes for the children in their care (see area for improvement 1.)

Areas for improvement

1.

To enable a consistent team approach increased opportunities for playroom teams to gather and discuss operational developments, provide peer support and take part in reflective practice discussions should be provided.

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

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

Requirements

Requirement 1

By 25 August 2023, the provider must make proper provision for the health, welfare and safety of children. To do this the provider must, at a minimum:

Ensure that children are fully supported by an effective personal planning system which includes strategies to promote positive outcomes. These strategies must be fully implemented and evaluated.

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 requirement was made on 28 June 2023.

Action taken on previous requirement

The information gathered on individual children to make up the personal plan had improved.

Overall, information was up to date and reviewed with parents. However the system was overly complicated.

There was a greater understanding of how to develop and record support strategies for children who needed them. This still needed some improvement to ensure that strategies met the developmental needs of children and were based on good practice.

The Local Authority had undertaken a piece of work to develop a streamlined personal planning system for services, which the setting will be supported to use.

We have deemed this requirement to be met however, monitoring of the new Personal planning process will be needed.

This requirement was met.

Met - outwith timescales

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

Children's care and support needs should be enhanced by staff who have a secure working knowledge of nurture and attachment. This should include environments which promote nurture.

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

This area for improvement was made on 17 January 2024.

Action taken since then

There was an increased understanding from staff about nurture and how to promote positive relationships with children. Relationships and interactions with children were warm and kind. Children responded positively and most were secure and confident in the setting.

Staff had carried out nurture training and room co-ordinators monitored interactions and role modelled nurturing approaches to assist staff to embed their learning.

This area for improvement was met.

Previous area for improvement 2

The tracking and sharing of children's learning and development should be further supported by a consistent approach to the recording procedures. This should include guidance for all staff on the expectations of sharing development on the Family app and monitoring observation quality to ensure the effective tracking of children's development.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS) which state: "I am supported to achieve my potential in education and employment if this is right for me." (HSCS 1.27.)

This area for improvement was made on 17 January 2024.

Action taken since then

Older children in the setting had their development and learning tracked effectively and staff had a clear understanding of children's progress and where there may be gaps in learning.

For other groups the manager needed to develop a cohesive and simplified approach to gathering information on individuals progress, skills and learning. This would enable assessments to be made easily and information to be shared with parents more regularly.

This area for improvement was not met and has been restated in this report.

Previous area for improvement 3

To ensure that children's wellbeing and development are well supported the manager and staff should develop a system for transitions. Consideration should be given to children's readiness for change, discussion with parents and ensuring that care routine information is up to date.

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

This area for improvement was made on 17 January 2024.

Action taken since then

Some parents told us that transition between age groups had been a positive and well planned experience for their child.

Transition within the nursery was taken at the child's pace and where children struggled with the move to another room staff adapted the transition to support the child.

Staff had carried out work with older children to prepare them for the transition to school or local authority nursery. This helped children to feel secure and excited about the changes ahead.

This area for improvement was met.

Previous area for improvement 4

To support children's wellbeing, learning and development, the manager and staff should evaluate children's experiences and environments. Improvements need to ensure there is an equality of good provision across the service for children of all ages. Staff should use best practice guidance, such as, Realising the Ambition, to evaluate children's experiences and environments.

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

This area for improvement was made on 17 January 2024.

Action taken since then

There were some improvements to play and care environments throughout the nursery. For example, the babies now has access to sand and water play and there was more for them to engage in.

However, some of the play rooms provided better quality environments than others and some staff had a firmer understanding of what constituted a high quality environment for children.

Work had taken place to evaluate the environments but the process for doing this was not clear nor easy for staff to follow.

We have asked the manager and staff to use the good practice document 'Realising the Ambition' Education Scotland and 'Growing my Potential' Care Inspectorate, to enable them to assess the environments from a child's perspective. This will help them to develop care an play environments indoors and outdoors which are safe and nurturing and enables engagement with play and learning.

We will re-word this area for improvement to make it clearer for staff to follow.

This are for improvement was not met and has been restated in this report.

Previous area for improvement 5

To ensure that children receive a high quality or care and support the childcare manager should develop an effective quality assurance system which includes self-evaluation. This system should be clearly understood by staff and include gathering the views of parents, children and where suitable external stakeholders.

To enhance the self-evaluation process, systems for auditing the quality of children's environments and children's records should be implemented.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) 'I use a service and organisation that are well led and managed (HSCS 4.23).

This area for improvement was made on 17 January 2024.

Action taken since then

There had been improvement to areas of practice and experiences for children in the setting. The manager had started the process of engaging with staff and parents to start the process of self-evaluation.

More work was needed to streamline the systems being used to enable the manager and staff to focus on developing an improvement plan based on sound and thorough assessment.

Auditing was being carried out but there were areas where this was not achieving improvements to some of the processes being audited. For example, medication systems.

This area for improvement was not met and has been restated in this report.

Previous area for improvement 6

To ensure staff further develop their practice and understanding around supporting children to reach their full potential. The manager should ensure staff are provided with more 1-1 opportunities and more frequent team meetings.

This is to ensure that care and support are consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) 'I use a service and organisation that are well led and managed (HSCS 4.23).

This area for improvement was made on 17 January 2024.

Action taken since then

Work had been carried out to ensure that staff teams were stable and able to provide children with familiar faces and consistent care.

Many staff had undertaken training in a range of subjects and all staff had received a professional development review which focussed on staff practice and professional development.

Room co-ordinators held regular meetings and used these as reflective discussions and information sharing. The implementation of room meetings was not consistent across the nursery and we comment on this in the body of our report.

This area for improvement was met.

Complaints

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

Detailed evaluations

How good is our care, play and learning?	3 - Adequate
1.1 Nurturing care and support	3 - Adequate
1.3 Play and learning	3 - Adequate
How good is our setting?	3 - Adequate
2.2 Children experience high quality facilities	3 - Adequate
How good is our leadership?	3 - Adequate
3.1 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
4.3 Staff deployment	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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