

Whitehills Care Home Care Home Service

Scholar's Gate
Whitehills
East Kilbride
Glasgow
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Telephone: 01355 579 758

Type of inspection:
Unannounced

Completed on:
5 August 2024

Service provided by:
Thistle Healthcare Limited

Service provider number:
SP2003002348

Service no:
CS2003046475

About the service

Whitehills Care Home is a purpose-built care home situated in East Kilbride, South Lanarkshire. The provider is Thistle Healthcare Limited.

The service is registered to provide care to a maximum of 106 older people. Within the 106 places, there can be up to a maximum of five adults/older people requiring respite/short break places as well as younger adults.

The home has four units across two levels occupied by residents within single occupancy rooms with en suite shower facilities. There are also communal lounges, dining areas, and bathrooms in each unit.

There is parking available to the front and side of the building as well as access into a spacious, enclosed garden area offering a safe, outdoor space for residents and their visitors to use. It is within easy access to local shops, amenities, and transport links.

At the time of this inspection there were 52 people living at the home.

About the inspection

This was an unannounced inspection which took place on 30 and 31 July and 1 August 2024 between 07:30 and 17:30. Feedback was provided on 5 August 2024. The inspection was carried out by three 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 19 people using the service
- spoke with 13 family/friends/representatives
- spoke with 29 staff and management
- spoke with two visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- Staff liaised with external professionals to make sure safe and effective care and advice was sought to support residents' health needs.
- Residents benefitted from receiving their prescribed medication as it was intended.
- Personal plans did not always include the information and guidance staff required to provide safe and consistent care and support.
- One area for improvement was made at the last inspection relating to engagement with people and remains in place.
- At this inspection we made five requirements and nine areas for improvement.
- As part of this inspection, we assessed the service's self evaluation of key areas. We found that the service had begun to use self evaluation, however, further work is required to develop this approach to support improvement.

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?	3 - Adequate
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?

3 - Adequate

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

The service had been responsive to residents' health needs. Staff were knowledgeable about the range of healthcare professionals they could contact for advice and support when needed. There was evidence that advice and directions from external healthcare professionals were being followed to support individual residents' health. Relatives told us: "Happy with mum's wellbeing" and "Staff keep me informed about any of dad's needs".

Clinical care plans and risk assessments were used to help guide staff to support people the right way to meet their needs and preferences. Where people required specific equipment to meet their needs, this was used. However, in line with good practice, records were not fully completed to demonstrate the involvement of all parties in the use of bedrails to keep people safe (see area for improvement 1).

A related area for improvement has been made about the quality of personal plans under key question 5 ('How well is our care and support planned?') of this report.

Staff were confident that they would recognise where residents' health deteriorated. However, there were no formal tools used to support clinical decision making about people's health. This could help make sure support and treatment is promptly identified and which healthcare services to contact for help. The registered manager was receptive to our suggestions to explore this further.

To help ensure that specific healthcare issues were discussed and managed effectively, the provider had a schedule of clinical governance meetings. These involved analysing healthcare information and agreeing actions to maintain and/or improve residents' wellbeing.

Well managed and sociable mealtimes can help support people's health and wellbeing. Residents were supported at mealtimes with warm and encouraging engagement by staff. However, we noticed that hand hygiene was not undertaken prior to or after eating. This could result in the spread of infection and viruses through hand contamination (see area for improvement 2).

Meals were provided based on people's needs and preferences. The nutritional value of food was increased to help residents maintain or increase their weight, where needed. Residents also had access to a range of drinks and snacks between meals. People's opinions were regularly sought on the menus. However, feedback on the quality of the food was mixed. Comments included: "I'm happy with the meals, you can't fault them" and "Maybe residents would be happier if they were offered better food".

Medication administration records showed all prescribed medication had been administered. This meant residents benefitted from receiving their prescribed medication as it was intended to help maintain or improve their health.

Where a resident had been involved in an accident, incident, or fall the service had acted, where possible, to help prevent reoccurrences. Health checks were completed after the events to make sure there was no decline in health as a result.

The way people spend their day should promote feelings of purposefulness and wellbeing. Some residents enjoyed taking part in activities which promoted physical movement and mental stimulation. However, activities provided had not always considered residents' preferences or satisfaction.

There was a lack of opportunities for some residents to take part in activities provided, particularly those who spent time in their bedrooms. Some residents told us they were "bored" and "did not get outdoors often". One relative commented: "Should a resident choose not to or are not able to go to the lounge, it would be empathetic to spend time on a one-to-one basis". There had also been a lack of opportunities for residents to access activities within the local community. This lack of contact could put people at risk of becoming isolated (see area for improvement 3).

We noted that staff had not received training in the planning, organising, and leading of activities. This may have improved the provision of activities and meaningful connection for people (see area for improvement 1, key question 3 ('How good is our staff team?')).

On grading this key question, we took into consideration two requirements made under key question 4 ('How good is our setting?'). These related to the standard and cleanliness of the environment and had put people at an increased risk of cross-contamination.

Areas for improvement

1. To ensure people experience decision making in line with good practice, the provider should ensure all relevant parties are involved and in agreement with the use of bedrails.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If my independence, control, and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum, and carried out sensitively' (HSCS 1.3).

2. To ensure people are supported with good infection control practices, residents should be offered opportunities to cleanse their hands prior to and after eating.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

3. To ensure people are supported to maintain and develop interests, the range and availability of activities should be reviewed. In doing so, the abilities, preferences, and choices of residents should be considered and evaluated. Opportunities for people living in the home to access activities outwith the home should also be improved.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors' (HSCS 1.25).

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.

The service demonstrated that they were responsive to feedback from external bodies. Arrangements were in place for reviewing and investigating significant events where things had gone wrong. Outcomes from lessons learned were shared with staff which had led to improved staff practices and outcomes for residents.

People should feel confident that those providing care and support have the right knowledge and skills. Staff meetings were held on a regular basis and were used as opportunities to share information with staff and help improve their confidence in undertaking their roles.

Audits completed on accidents and incidents helped make sure management had an effective oversight of these events. Records showed how information was analysed to help reduce reoccurrences. However, quality assurance systems were not always effective in supporting improvement. Not all the environmental issues we identified during the inspection had been identified through audit processes. The medication audit had a lack of information recorded and there were no personal plan audits. This meant that people could not be confident that they were living in a service that was safe and benefitted from a culture of continuous improvement (see requirement 1).

Staff practice observations were used regularly to help evaluate residents' experiences and identify any additional support and training needs for staff.

We found a lack of effective leadership, at times, through our observations. Examples of this included where:

- One resident's dignity and respect was not maintained while they were sitting in a communal lounge as poorly arranged clothes had left them exposed.
- Concerns about poorly maintained fixtures and fittings had not been addressed.
- Staff demonstrated poor infection prevention and control (IPC) practices, at times.
- There was a lack of engagement with residents by some staff.
- There had been a lack of effective leadership demonstrated in ensuring an escape route was clutter free.

This meant that people could not be confident that staff providing care and support had the right knowledge and skills (see requirement 2).

The service had formulated a service development plan which showed ways in which the service planned to improve in the future. However, there were no timescales for when the actions identified would be taken or identify the responsible person for taking the actions (see area for improvement 1).

People whom we spoke with during the inspection were positive about the management team and described them as being approachable and supportive. Comments included:

- "Happy with the leadership within Whitehills. Any small issues I have had have been resolved quickly and efficiently."
- "[The manager] is always approachable and pleasant. [They] could perhaps be seen in the corridors more often, spending time in the day rooms or even visiting, and spending a bit of time with residents in their own rooms."
- "I hope [the manager] stays - there seems recently to have been quite a turnover in leadership, not good for the home, the staff, and most importantly the residents."

Although we saw that regular meetings had taken place, minutes were inconsistently recorded and information was difficult to track. This meant conversations and actions taken to address points were not

always clearly recorded. There was not always a note of attendees or what unit the meeting was relevant to (see area for improvement 2).

Relatives had the opportunity to speak on an individual basis with the registered manager through weekly drop-in meetings, although these had not been well attended.

An area for improvement previously made was followed up at this inspection in relation to engagement with people. More information is recorded under section titled 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Requirements

1. By 11 October 2024, the provider must ensure people experiencing care have confidence the service received by them is well led and managed. The provider must support outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must, at a minimum, ensure:

- a) Audits are developed to include, but not be limited to, the quality of the environment, infection prevention and control, medication administration, and personal plans.
- b) Staff who undertake quality assurance roles are trained and supported.
- c) Quality assurance data is analysed to inform the actions required to support positive outcomes for people experiencing care, staff learning, and the service's improvement plan.
- d) Action plans include specific and measurable actions designed to lead to continuous improvements with detailed timescales for completion/review.

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

2. By 11 October 2024, the provider must ensure people experiencing care receive support from staff with sufficient skills and knowledge for the work they are to perform in the service. This must, at a minimum, ensure:

- a) There are effective systems in place to oversee and evaluate staff in leadership roles to make sure they demonstrate best practice guidance.
- b) Staff in leadership roles are effective in coordinating and communicating with team members.
- c) Staff in leadership roles are supported to gain the skills needed to effectively direct a team, including provision of training where deemed necessary.

This is in order to comply with Regulation 7(2) (Fitness of managers) and Regulation 9(2) (Fitness of employees) 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 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 service development plan should be developed further to clearly set out the actions required to improve and maintain the service provided for people. In doing so, this should identify responsible people for taking actions and timelines for actions to be completed. This is so that residents can benefit from a culture of continuous improvement, with the service having robust and transparent quality assurance processes.

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).

2. Minutes of meetings should be standardised and demonstrate an accurate record of topics discussed, actions agreed or completed, and attendees. In doing so, these should be shared with all interested parties. This is so that residents can benefit from being meaningfully involved in how the service works and develops.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

How good is our staff team?

3 - Adequate

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

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare, and safety of people using the service.

Staff had not commenced or completed 'The Knowledge and Skills Framework for Health and Care Staffing in Scotland' (KSF). This training is important to ensure that staff are engaged in the process and feel confident in raising any concerns (see area for improvement 1).

People who use services have the right to have their needs met by the right number of staff. Recruitment was ongoing to fill vacant positions and agency staff were regularly used to maintain safe staffing levels. The service had tried hard to use the same agency staff to provide consistency and continuity for residents. From a sample of three weeks duty rota, we found that the service had operated below the required numbers of staff on seven occasions. This meant that there was potential to put residents at risk where staff support did not reflect their assessed need (see requirement 1).

Although organisational mandatory training for staff had a high compliance rate, refresher training on specific areas was much lower. This included topics such as continence care, end of life, and promoting positive behaviour. We also found that some staff required refresher training on pressure relieving equipment given practice issues we identified (see area for improvement 1).

Some staff supervision sessions had not been carried out in line with the service policy. These would help provide staff with opportunities to discuss issues and concerns on an individual basis. At times, records lacked how skills and knowledge of staff had been fully discussed and supported. This would help provide assurances for people that staff supporting them are competent and skilled (see area for improvement 2).

The service regularly checked that staff were up-to-date with their professional registration. Staff were supported to work towards meeting any conditions indicated on their professional registration.

A staff wellbeing initiative was promoted within the service to help drive the health, wellbeing, and happiness within the staff team. Staff feedback was sought through the use of questionnaires and, where possible, requests had been actioned. Monthly hero awards were presented to staff and had helped acknowledge and celebrate good practice(s).

Staff were supported to keep up-to-date with good practice information, for instance information from the Scottish Social Services Council (SSSC).

Feedback from people we spoke with was mixed about the staff. Comments included:

- "Staff are polite, friendly, helpful, efficient, and most importantly treat the residents respectfully."
- "Very happy with the care my mum gets. The one thing I think would be beneficial is to have the same carers on a regular basis."
- "It might be worth reminding some of the staff that, although it may be their place of work, for the residents this is their home - they're visiting a person at home."

Requirements

1. By 11 October 2024, the provider must ensure that people experiencing care are protected from harm by way of ensuring safe levels of staff are maintained. To do this the provider must, at a minimum:

- a) Evidence through assessment that there are enough staff on duty to meet people's needs.
- b) Take into consideration the social and emotional needs of those living in the home, particularly those who spend time in their bedrooms.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

Areas for improvement

1. To ensure that people experience care from a competent, knowledgeable, and skilled workforce, the provider should ensure that staff employed in the provision of care receive regular refresher training. This should include, but need not be limited to:

- continence care
- end of life
- promoting positive behaviour

- use of pressure relieving equipment
- activities
- 'The Knowledge and Skills Framework for Health and Care Staffing in Scotland'.

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

2. To ensure that people can be confident that staff supporting them are competent and skilled, the provider should develop staff supervision sessions. These should demonstrate meaningful conversations between both parties about the individual's skills and knowledge to reinforce best practice, inform training needs, and support staff.

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

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.

Within the Windsor lounge, several communal tables were damaged and several chairs had ripped or perished plastic coatings. We also found several plastic bedrail covers were cracked and perished. This would mean that cleaning would have an increased risk of being ineffective and put people at risk of cross-contamination. The provider took action on issues we raised at the time (see requirement 1).

We found that regular environmental and mattress audits had been completed but had failed to identify our findings above. A requirement has been made in respect of ineffective audit processes under key question 2 ('How good is our leadership?') of this report.

People who live in the home could not be assured of living in an infection free environment as there was a need to improve cleaning practices. We found several mattresses, items of bedding, communal seating, and equipment to be stained and/or malodourous. We acknowledged some positive actions that were taken during the inspection to address stained items we identified. The provider took action on issues we raised at the time (see requirement 2).

A fire escape route had items of equipment stored which may have impeded evacuation if it required to be accessed. Despite inspectors requesting these items be moved, they remained there the following day of the inspection. We raised the concern again and immediate action was taken.

People should be able to decide on the decoration, furnishing, and layout of their bedroom. We saw examples where residents had personalised their bedrooms as they wished to make them more 'homely'. There was seating to the front of the building and we observed people enjoying sitting outside and chatting with visitors during the inspection.

Residents were kept safe through the use of equipment where it had been assessed as required, such as lifting equipment and wheelchairs. Regular checks were carried out on the equipment to make sure they remained safe for use and to help identify and act on any wear and tear.

Audits had, at times, helped identify environmental concerns. However, there were no clear timescales for completing any action(s) required to rectify issues when identified. The audits had also not identified the environmental issues we found during the inspection. This has been covered under key question 2 ('How good is our leadership?') of this report.

Requirements

1. By 11 October 2024, the provider must ensure that people live in a setting which is safe and well maintained in relation to the building and any required equipment. This must, at a minimum, ensure:

- a) The environment is maintained in a good state of repair and able to be effectively decontaminated and cleaned.
- b) Quality assurance checks are effective and demonstrate how they have led to improvements where issues are identified surrounding the safety and maintenance of the environment.

This is in order to comply with Regulation 3 (Principles) and 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: 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.22).

2. By 11 October 2024, the provider must ensure that the premises are suitable for the provision of a care service and that safe infection prevention and control practices are always followed to ensure the safety and wellbeing of residents. To do this the provider must, at a minimum, ensure:

- a) All areas and equipment used within the home are free from contamination and are cleaned or disinfected effectively.
- b) Quality assurance checks are effective and demonstrate how they have led to improvements where issues are identified surrounding the cleanliness of the environment.

This is in order to comply with Regulation 4(1)(a) and (d) (Welfare of users) and 10(2)(d) (Fitness of premises) 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 experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

How well is our care and support planned?

3 - Adequate

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

Staff used handheld devices where they could read residents' personal plans and these were also used for the inputting of information. The electronic personal plan system provided the opportunity to effectively

monitor residents' care and support when information was recorded. The system was also set up to alert staff when care and support or completion of documentation was overdue.

People should be confident that their personal plan clearly sets out how their needs will be met and guides staff on how best to support them based on accurate information. Every resident in the home had a personal plan which aimed to direct staff on the type of care and support the resident needed. Personal plans contents varied with some not providing as much information and guidance required to support people as others. Some personal plans for people living with stress and distress lacked information about 'triggers' and how to engage meaningfully with the resident. Personal plans also lacked information about skin integrity and how to maintain or improve residents' skin care needs.

Ongoing reassessments help make sure residents' needs were reviewed and provide assurances that care being provided continued to be appropriate. Some of the assessments we reviewed were overdue which meant information within personal plans was at risk of not being up-to-date in all areas. There was also lack of evidence that people had been involved in or offered a copy of their personal plan (see area for improvement 1).

There was supporting documentation in place to demonstrate the extra support or observation given to specific residents. This had helped to make sure people were supported safely and in line with the relevant risk assessments.

Six-monthly care reviews had taken place in line with current legislation. However, the minutes contained a lack of evidence that the reviews had been person-centred. They also lacked evidence of how residents or appointed individuals had been involved. This meant there was a lack of evidence that reviews had helped to shape people's plan of care in a way that was meaningful to them or were outcome-focussed (see area for improvement 2).

Areas for improvement

1. Personal plans should be developed further to reflect more person-centred information, particularly in relation to stress and distress and skin integrity. Assessments should be regularly reviewed to ensure care being provided meets individual needs.

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 personal 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).

2. The contents of six-monthly care review minutes should be improved upon to clearly demonstrate meaningful discussions about the care and support provided and whether it meets residents' needs. In doing so, there should be clear evidence that residents and their designated representatives have been fully involved.

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 personal 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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure people feel valued and respected, the management team should look at ways to engage with people in order to obtain their views and suggestions on how they feel the service is performing. Any suggestions from consultation should be recorded within an action plan, updated until concluded, and shared with people using the service to demonstrate positive outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

This area for improvement was made on 4 May 2023.

Action taken since then

Questionnaires to seek the views of people had been recently introduced and feedback was limited at the time of the inspection. Minutes of meetings did not consistently evidence how people's feedback had impacted the service performance. Residents' six-monthly care reviews did not reflect how relevant people had been involved. There was also a lack of evidence that people could access and contribute to the development of their personal plans. The service improvement plan was not fully developed and did not reflect how feedback from people influenced this.

This area for improvement has not been met and remains in place.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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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