

Riverside Care Home Care Home Service

Riverside Home
5 Riverside Terrace
Aberdeen
AB10 7JD

Telephone: 01241211707

Type of inspection:
Unannounced

Completed on:
21 August 2024

Service provided by:
Renaissance Care (No 4) Ltd

Service provider number:
SP2023000147

Service no:
CS2023000227

About the service

Riverside Care Home is a care home for older people situated in the residential area of Aberdeen, close to local transport links, shops and community services. The service provides nursing and residential care for up to 42 people.

The service provides accommodation over three floors in single bedrooms, each with an en-suite toilet and shower. There are three sitting areas and three dining areas. There is access to a well-maintained garden, with a large access patio and sitting area.

About the inspection

This was an unannounced inspection which took place on 12 August 2024 between 11:00 and 13:30. A further visit took place on 20 August 2024 between 08:30 and 15:00. 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, information submitted by the service and intelligence gathered since the last inspection.

To inform our evaluations we:

- spoke with 12 people using the service and four relatives who were visiting at the time of the inspection
- 25 relatives also contacted us by email
- received 12 completed questionnaires
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People had very mixed feedback about the service and staff.
- People spoke highly of the management team.
- The service had made significant improvements since Renaissance became the providers but need to continue to focus on improving the outcomes for people.
- More could be done to support people live life as they wished to.
- Communication within the staff group needs to improve, to ensure people receive the right care and support.
- A culture of trying to make people's life and experiences better, needs to be developed.
- We found that the service had made positive progress in completing their self-evaluation. The service should continue 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?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
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.

We received very mixed feedback about the service and staff. People told us, "I cannot thank the team at Riverside enough for their kindness" and "We have nothing but praise for the care". However, there were concerns about people's personal care, missing Laundry and personal items, the lack of suitable activities, the suitability and choices of meals and some staff's attitude and understanding at times.

We acknowledge that significant improvements have been made since Renaissance became the providers. The service needs to continue to focus on improving the outcomes for people. The management and with the support available from the organisation had the capacity and ability to make these improvements to enhance people's experience of the care and support provided.

People's care and support was not always well co-ordinated. We received mixed feedback from families and people regarding staff not sharing or recording information. The management team need to ensure that staff share vital information, using the systems and processes in place. This would ensure that all staff were fully aware of people's needs and that people's outcomes and experiences of care are improved. (See 'How good is our staff team?' and 'How well is our care planned?')

People were not consistently receiving the support to help them look and feel their best. Most people looked neat and tidy, and care had been taken to help them with their personal grooming. However, there were concerns that people were not being supported to have baths or showers on a frequent basis. Relatives were concerned that staff did not offer enough encouragement or support for people to maintain a standard of personal hygiene that was right for them. Clear plans need to be developed specifically in relation to personal care. This would support both staff and the person to receive the care and support that was right for them. (See 'How good is our staff team?' and 'How well is our care planned?')

People were not supported to pass their time in ways that were meaningful to them. There was a team of wellbeing coordinators who provided a range of activities and events for those who wished or could participate. There were some pockets of good practice but staff were not always listening to people's wishes or consistently supporting these requests. There needs to be a whole team approach to ensure people are supported to get the most out of life. A previous area for improvement was not met and will be reinstated. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection' and **Area for improvement 1**)

People were generally positive about the quality and choice of meals available. Work continued to ensure people were enjoying their meals in a pleasant, sociable environment. Staff monitoring and recording people's weights, dietary and fluid intake, where appropriate. Although people were given the opportunity to discuss their views on the meals people said, "I've been told the chef has gone or has cleaned the kitchen so they can't offer any alternative other than toast and a yoghurt" and "I get fed up with scrambled egg". The management team and catering staff had responded to these concerns by developing an alternative light menu that staff could prepare especially in the evening when catering staff were not on shift. Staff should be fully aware of the choices available to people. (See **Area for improvement 2**)

A significant amount of work has been undertaken to reduce the risk of people falling. The number of falls within the home had reduced. People's quality of life had improved by the focus on raising staff awareness. However, we had some concerns regarding the number of unwitnessed falls, poor documentation, and the evaluation of some falls. This was discussed in detail with the senior management team. (See 'How good is our leadership?' and 'How well is our care planned?')

The senior staff had good knowledge and understanding of the medication system and people's needs. However, many of the medication management processes were hampered by some careless practice. As a result, there was a risk that medication errors may occur due to untidy documentation and medication counts not being consistently undertaken. Overall, people were receiving their medication as prescribed. (See 'How good is our leadership?')

Staff's understanding of how to support people who may be stressed or distressed varied. The provider received advice and guidance from external healthcare providers to assist people to receive the care and support that was right for them. However, the strategies in place to support people who may become distressed or anxious were not always clear for staff to follow. As a result, staff responded to stress and distress inconsistently. (See 'How good is our leadership?' and 'How good is our staff team?' and 'How well is our care planned?')

The documentation to support skin integrity and pressure prevention was limited. Staff were not identifying or taking appropriate action to changes in people's skin or unexplained bruising. As a result, effective pressure preventive measures were not always put in place to prevent skin damage or injury. Senior management were responsive to the concern raised and actions had begun to review people's personal plans to ensure their care and support was right for them. **(See Requirement 1)**

Requirements

1. By 4 November 2024, the provider must improve the monitoring and assessment of people's skin integrity. This should include but is not limited to, ensuring all unexplained injuries and bruising are fully investigated, and appropriate action taken to reduce harm to people.

This is also to comply with Regulation 4(1)(a) (welfare of service 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 states that:

'My care and support meet my needs and is right for me' (HSCS 1:19); and

'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).

Areas for improvement

1. To support people to get the most out of life, the provider should ensure people spend their days in a way that is meaningful to them. This should include but is not limited to, ensuring people's personal preferences around how they spend their time are identified and ensuring all staff are aware of their role in providing meaningful interactions with people. This will improve the quality of life for those living in the home.

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

'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be' (HSCS 2.2); and

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

2. To support people to enjoy their food, a choice of appropriate alternative meals/snacks should be readily available and offered to people at times that is suitable to them.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33); and

'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be' (HSCS 2.2).

How good is our leadership?

3 - Adequate

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

There was a stable management team in place who were visible and approachable to all. People and relatives spoke highly of the management team. The management team were responsive and have worked hard to make improvements.

There were a range of quality assurance and audit tools that were used to inform the manager and senior management about how well the service was performing. We acknowledge that significant improvements have been made since Renaissance became the providers. A Relative said, "since the home's new management came in, it is apparent they are trying to improve the living areas both inside and out which is encouraging". The Service Improvement Plan (SIP) and the quality assurance processes should be further developed to focus on improving the outcomes for people and not just compliance. A previous area for improvement was not met. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection' and **See Requirement 1**)

There was a lack of oversight of how people experienced care and support. The leadership team on each floor were not effective in identifying and dealing with concerns in relation to people's care and support. A person said they were not happy or confident to discuss concerns or issues with staff. Staff were not sharing concerns raised by people and families with the management team. As a result, appropriate action was not being taken to resolve or address issues. Therefore, people continued to experience poor outcomes that impacted on their health, wellbeing and quality of life. (See 'How good is our staff team?' and **Requirement 2**)

Requirements

1. By 4 November 2024, the provider must ensure that quality assurance systems and processes support improved care practices that link directly to improving the outcomes for people. In order to do this the provider must ensure that audits are completed accurately and that any learning from concerns, audits and people's experiences are shared with all staff. This will ensure that practice changes are implemented and sustained.

This is to comply with Regulation 4(1)(a) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210 and Sections (7)(1)(a) and (b)(Ensure appropriate staffing) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

This is in order 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 4 November 2024, the provider must ensure the service has a culture of continuous improvement with a robust and transparent quality assurance process.

In order to achieve this the provider must:

- a) Develop trusting and transparent relationships with people and families.
- b) Demonstrate that staff understand how to recognise and respond to complaints and concerns.
- c) Ensure expressions of dissatisfaction raised by residents and/or their representatives are handled effectively and in accordance with their organisation's policy and procedure.

This is to comply with Regulations 18 (3) (Complaints) 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:

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21); and

'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.

We received mixed feedback about the staff. People named specific staff as being, "honestly the best part for me of being here" and "I love this place, especially the girls who support us. They are friendly". However, some concerns were raised regarding some staff's attitude and that there was not enough staff to ensure people's wishes were being met.

The management team reviewed staffing arrangements and had responded to people's changing needs. However, the allocation of staff at times resulted in inconsistent staffing on each floor. There was a lack of effective leadership and oversight of the outcomes for people in each unit. This meant that people were not always enabled to build trusting relationships. Families and people raised concerns regarding staff availability and practice, particularly at weekends or when there was a lack of consistent leadership within the units. Families also said that due to the multicultural community, staff communication was often an issue. People's care was not always coordinated and this had an impact on people's health and wellbeing. The management team should consider how they will formally share their decisions on staffing and how the home is staffed, to ensure they remain open and transparent to all. This should consider the views and experiences of staff and people who use the service. A previous area for improvement was not met. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection' and **See Requirement 1**)

Staff group supervision and one to one support was becoming more established. Staff support was not consistently recorded. This resulted in concerns or issues relating to practice not being identified promptly and addressed appropriately. A previous area for improvement was not met and will be reinstated. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection' and **See Area for improvement 1**)

The oversight of staff training and how that impacted on practice and the outcomes for people was limited. Training and development were not always specific to people's roles and responsibilities. Some staff competencies, monitoring of practice and some sharing of learning had all taken place. However, this was limited to where incidents or concerns had been raised. There were pockets of good practice where people's outcomes had improved such as, the reduction in falls. However, there was not a culture of shared learning and improvement. Not all staff were consistently putting their learning into practice. As a result, not everyone experienced the care and support that was right for them. (**See Area for improvement 2**)

Requirements

1. By 4 November 2024, the provider must consider how staff are allocated throughout the home to ensure effective leadership in each unit.

This should include but is not limited to:

- a) identifying times of the day where people may benefit from improved interactions with staff
- b) promoting a culture in the home where it is the responsibility of all staff to improve outcomes for people
- c) working with staff to enhance their skills at team-working to improve meaningful interactions with people.

This is to comply with Regulation 4(1)(a) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210 and Sections (7)(1)(a) and (b)(Ensure appropriate staffing) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

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

'People have time to support and care for me and to speak with me' (HSCS 3.16); and

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

Areas for improvement

1. To support staff to carry out their roles and improve practice, the provider should formalise the supervision process. This should include but is not limited to, regular one to one supervision with line manager which is reflective, tracked and recorded and where time is spent supporting staff around how to communicate effectively with people.

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

'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); and

'I can understand the people who support and care for me when they communicate with me' (HSCS 3.12).

2. To improve the quality of people's experiences, the provider should ensure staff training is specific to their roles and responsibilities. This should include but is not limited to, improving ways of sharing lessons learned following adverse incidents or events with the staff team to improve and change culture and practice.

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

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

The environmental plan remained on-going and was being updated, as necessary. The extensive refurbishment program was well underway. Overall improvements could be seen throughout the home. This meant that people were living somewhere comfortable and homely. Future planned improvements, including developing the gardens to become readily accessible, will enhance people's quality of life.

Staff were considering the best practice guidance for people with dementia. The signage and visual markers had been reviewed, to enable people to move more easily and independently around the home. The management team need to continually review the environment, through their improvement plan, to ensure the home continues to enhance and promote a good quality of life for all the people who live there as well as respecting people's rights to privacy.

Any issues or repairs reported were actioned quickly by the maintenance team. The maintenance team had oversight of all equipment in the home. Therefore, the general environment was safe and secure.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. There were some strengths but these just outweighed weaknesses.

The service has recently moved to using a digital care planning system. We acknowledge the work and the challenges the management team and staff have had, to implement these new processes. Progress continued to be made to further develop people's personal plans to ensure they were person centred. However, the standard and quality of documentation within people's personal plans was very inconsistent. There remained some significant gaps within some plans. People's plans did not contain relevant information and guidance which had an impact on the care and support provided. This meant opportunities to maximise people's wellbeing were being missed. We acknowledged that this remained a work in progress and the organisation committed to provide further training and support to staff to improve communication and oversight of people's care. This would assist in ensuring that care and support is given in line with people's wishes and needs.

People and their families were not always fully involved in developing or reviewing their personal plans. This should set out how a person's assessed needs will be met as well as their wishes and choices. Where people's care had been reviewed the outcome from these evaluations were not recorded. By supporting and encouraging people and their families to be meaningfully involved in 'what matters' to them will ensure that their care is right for them.

Two previous areas for improvement were not met. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection' and **See Requirement 1**)

Requirements

1. By 4 November 2024, the provider must ensure appropriate care recording and implementation of appropriate care plans, to ensure the health, safety and welfare of people.

To do this the provider must, at a minimum:

- a) Undertake a full assessment of people's needs and ensure these are documented in people's care plans.
- b) Ensure care plans are completed robustly, detailing how people are to be supported and contain clear guidance for staff.
- c) Ensure people are involved, as much as they wish to be, in the development and maintenance of their care plans.
- d) Where there is a risk identified, there is appropriate risk reduction or preventative measures to provide guidance to staff.
- e) Ensure care plans are reviewed and updated when people's needs change and this is reflected in people's experience of care.
- f) Ensure effective auditing systems to review care plans and take action when concerns arise.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5 (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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

Requirements

Requirement 1

By 18 July 2024, the provider must ensure that the approach to managing falls is improved to keep service users safe.

In order to do this the provider must:

- a) Ensure that falls risk and care planning is accurate, complete and reflects that appropriate advice is sought from health professionals.
- b) Demonstrate that appropriate advice is sought promptly from health professionals when a resident is at risk of falls.
- c) Ensure that staff are aware of the provider's policy in respect of falls and follow the correct process in respect of falls prevention and post-fall care.
- d) Demonstrate that persons employed in the provision of the care service receive regular training appropriate to the work they perform.
- e) Ensure that managers are involved in the monitoring and audit of falls and falls prevention.

To be completed by: 18 July 2024

This is in order to comply with:

Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me'.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 2 April 2024.

Action taken on previous requirement

This requirement was met.

However, these practices need to be embedded into culture and practice, to ensure that these improvements are developed and sustained. An area for improvement has been made. See 'How well do we support people's wellbeing?'

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

To support people to get the most out of life, the provider should ensure it is the responsibility of all staff to support people to spend their days in a way that is meaningful to them. This should include but is not limited to, ensuring people's personal preferences around how they spend their time are identified and making sure all staff are aware of their role in providing meaningful interactions with people. This will improve the quality of life for those living in the home.

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

'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be' (HSCS 2.2); and

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

This area for improvement was made on 26 January 2024.

Action taken since then

This area for improvement was not met and will be reinstated. See 'How well is our care and Support planned?'

Previous area for improvement 2

To improve people's experiences of living in the home, the provider should make sure quality assurance systems and auditing processes are directly linked to people's outcomes. This should include but is not limited to, ensuring audits are completed accurately and that any learning from concerns, audits and people's experiences are shared with all staff. This will ensure that practice changes are implemented and sustained.

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

This area for improvement was made on 26 January 2024.

Action taken since then

This area for improvement was not met, we have therefore made a requirement. See 'How good is our leadership?'

Previous area for improvement 3

To improve the quality of people's experiences, the provider should consider how staff are allocated throughout the home. This should include but is not limited to, identifying times of the day where people may benefit from improved interactions with staff, promoting a culture in the home where it is the responsibility of all staff to improve outcomes for people and working with staff to enhance their skills at team-working to improve meaningful interactions with people.

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

'People have time to support and care for me and to speak with me' (HSCS 3.16); and

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

This area for improvement was made on 26 January 2024.

Action taken since then

This area for improvement was not met, we have therefore made a requirement. See 'How good is our staff team?'

Previous area for improvement 4

To support staff to carry out their roles and improve practice, the provider should formalise the supervision process. This should include but is not limited to, regular one to one supervision with line manager which is reflective, tracked and recorded and where time is spent supporting staff around how to communicate effectively with people.

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

'I can understand the people who support and care for me when they communicate with me' (HSCS 3.12).

This area for improvement was made on 26 January 2024.

Action taken since then

This area for improvement was not met and will be reinstated. See 'How good is our staff team?'

Previous area for improvement 5

To support people's health, social and emotional needs, the provider should ensure that care plans reflect people's needs and wishes. These should offer sufficient detail to ensure all staff have a consistent approach to improve outcomes for people.

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); and

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This area for improvement was made on 26 January 2024.

Action taken since then

This area for improvement was not met, we have therefore made a requirement. See 'How well is our care planned?'

Previous area for improvement 6

To ensure people's health, social and emotional needs are met, the provider should ensure sufficient relevant information is held in care plans to enable staff to effectively support people experiencing respite care.

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 area for improvement was made on 26 January 2024.

Action taken since then

This area for improvement was not met, we have therefore made a requirement. See 'How well is our care planned?'

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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