

365 Care Limited Housing Support Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
365 Care Limited

Service provider number:
SP2017013001

Service no:
CS2017360995

About the service

365 Care Limited is a small, independent provider of both housing support and care at home services. The service has an office base in Renfrewshire and currently offers support to people in Renfrewshire and Strathclyde. Less than 10 people were using the service during the inspection but approximately 250 hours of support are provided each week.

The service supports adults and older adults who have wide-ranging needs. Care and support are provided within the person's home.

There was a small staff team in place. The manager has been in post for over 18 months.

About the inspection

This was an unannounced inspection which took place on 8, 9, 10 and 15 January 2025. All visits took place during traditional office hours. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four people using the service and eight of their family
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with associated professionals.

Key messages

- People and their families spoke highly of the staff team and their friendliness and kindness.
- Quality assurance systems and action planning required improvement.
- Staff require access to, and must participate in, relevant training to ensure they have the necessary knowledge, skills and competence to meet people's needs.
- Relevant risk assessments needed to be in place.
- Recruitment processes needed to improve.

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?	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

People's health and wellbeing was supported at an adequate level, where strengths only just outweighed weaknesses.

People should expect to be treated with compassion, dignity and respect. People and families spoke highly of the staff who visited and the support that they offered. We observed staff being kind and friendly in their interactions. Staff were noted to be good at passing on information. A relative told us: "Staff tell me if my parent hasn't taken their meal." One person stated that "they were absolutely delighted with the service." We were also told of a very positive intervention by staff in relation to making sure the right medication was in place for someone.

There was only a small number of people supported by the service. Most people also had the extra support of family members living with them or in regular contact. This meant that people had various sources of support which helped keep them safe and well.

Staff were seen to have very important qualities such as being compassionate, kind and friendly. That helped people to feel comfortable around staff and to feel supported.

However, we found significant gaps in staff training and knowledge which was concerning (see How good is our staff team?) We were not confident that staff were sufficiently trained to be able to fully recognise changes in people's health and social care needs. That had the potential of putting people at risk.

Risk assessments were not as robust as they needed to be and again that had the potential of putting people and staff at risk (see How well is our care and support planned?)

Whilst staff demonstrated positive skills and qualities in their interactions with people, we were not assured that they had the background skills and knowledge to be competent in their roles. Therefore, we were not confident that staff could fully carry out their duties in the safest ways possible, minimising any risk to themselves and others.

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affected people's experiences or outcomes.

People should have confidence that the service is well led and managed. There had been significant changes within the service since our last inspection, and this resulted in a period of instability which had impacted on the current situation. This included changes in leaders, involvement of the Home Office and the recent upholding of a complaint by us. The leadership team advised they felt overwhelmed which was understandable. However, leaders must also show their ability to lead during periods of adversity.

The service was small. There was less than 10 people supported and a similar number of staff in place. Although a registered manager was in place, the lines between the responsibilities of the manager and the provider were blurred. It was unclear as to who did what and when they did it. Where there are blurred roles, some work can be lost as no-one takes responsibility for it. This was made more challenging due to the manager not working locally until recently.

Many people felt the provider was the manager; it is important that there is a distinction between them as they are very different roles. It is also important that people are clear on who does what in order that they can go to the right person (see requirement 1).

People who use services should benefit from a culture of improvement. Leaders must have oversight of their service. It is important that leaders have working systems in place to assess and monitor the quality of the service they provide. That helps drive improvement and should result in better results for people being supported. Oversight was lacking. That meant that important aspects of running a care service were missed (see requirement 2).

There was a sense that when some issues were identified as needing to be improved, they were fixed but there was no reflection on the work completed. It also meant that there wasn't really any exploration of why some things weren't working as well as they should. No-one was taking the time to think about what didn't go well in this situation. And what can we do differently to improve it?

Leaders told us of some checks that they carried out with a view to improving the service. For example, they checked care plans to improve the content of them. However, they checked them on an individual basis and did not check them as a group to see if there were any common themes. If a theme is identified, then leaders know they have to concentrate on that area to improve it.

Staff meetings are often a chance for leaders to share good practice guidance, discuss challenging areas and give updates that need to be shared about people's care. Team meetings had not been held often or regularly and this meant staff did not get opportunities to discuss best practice or consolidate knowledge.

A service improvement plan was developed during our inspection. It focused on areas which were identified during the inspection but did not explore the service as a whole. Following a recent complaint, an action plan was developed. It contained unrealistic timescales for improvement such as developing some work in a period of four to six months. Given the small size of the service, and the need to get things right, this did not indicate a desire to sort things in a quicker and more responsive manner.

Unplanned events such as accidents and incidents were reported. It is important that as the service develops, leaders must analyse such information to find out if there are common themes and use them to learn from and make improvements which benefit people using the service. People had access to information as to how to complain. The provider should ensure that they have good systems in place to ensure any complaints are followed up in line with their policies.

Requirements

1. By 14 March 2025, the provider must have an organisational structure in place, clearly setting out the duties, roles and responsibilities of staff and their contribution to the operation of the service.

This includes, but is not limited to:

- a) setting out a clear line management structure with delegated subordinates
- b) ensuring job roles and functions are clearly established
- c) ensuring the right people, with the right skills, knowledge, experience and qualifications are in the right roles.

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

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

2. By 14 March 2025, the provider must ensure that people using services experience a service which is well led and managed and results in better outcomes for people.

In order to achieve this, you must, at a minimum, ensure:

- a) there is a quality assurance system in place to support a culture of continuous improvement
- b) an effective action plan is in place, and implemented, which sets out specific actions within reasonable timescales to address identified areas for improvement and requirements
- c) quality assurance activities such as audits and observations of practice are completed to support staff practice and development

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

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

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affected people's experiences or outcomes.

In most cases, staff were employed through the company's licensed sponsor role. We were concerned that the provider's licenced role as a sponsor had been suspended. This was due to concerns that the Home Office had found within their assessment visit in 2024. The provider is awaiting a further decision from the Home Office in relation to the licence.

Service providers must ensure that their recruitment processes are thorough to ensure people are supported by staff who have been recruited in a safe and robust manner. We found gaps in some of this work. Whilst references were sought, management were not consistently verifying references to be assured that they were genuine.

Some aspects of recruitment practice are governed by legislation designed to protect workers and in turn this protects people. Right to Work checks are critical to prevent illegal working and the potential exploitation of the workforce that often accompanies this. We were not confident that these were taking place in a timely manner as documentation was not always in place to support this.

We have reported previously on recruitment in various inspection reports and it is concerning that the process is still not running smoothly and effectively. This reinforced our concerns around the leadership of the service and the lack of using a lessons learned approach. A previous requirement in this area had not been met and is being restated (see What the service has done to meet any requirements made at or since the last inspection?)

People benefit from staff who are trained and knowledgeable about their roles. Staff hadn't received all the training they needed to ensure people were safe and to support their individual needs. In addition, mandatory training hadn't always been completed and in some cases was not even offered to staff as an option to complete it. Leaders had started to address this during the inspection. We could not be assured that staff would be able to respond correctly to all work given the lack of training.

There was not an effective training plan in place to highlight exactly what training staff should do and when they should do it. There was not a high uptake for some training related to specific health and social care needs of people. Also, there was not enough varied and relevant training on offer. Therefore people could not be assured that staff had the necessary knowledge and skills to support their healthcare needs safely. When staff support people with a particular need, they should be properly trained and skilled to do so. Leadership oversight on training was weak (see requirement 1).

It is a legal requirement that care staff must be registered with a relevant professional body such as the Scottish Social Services Council (SSSC). It was not good enough to find that not all staff were registered. Some staff were not properly registered such as being registered on the wrong role or only on one part of the register. The SSSC is responsible for registering people who work in social services and regulating their education and training. This means that staff are required to adhere to a code of practice which helps to raise standards of practice to strengthen and support the workforce and the protection of people who use services. Work had started to remedy this. However, the absence of staff being registered with an appropriate regulatory body has the potential to put people at risk (see requirement 2). That demonstrated a lack of understanding and oversight by leadership which we referred to under How good is our leadership?

Supervision helps to monitor staff performance, set development goals and promote staff wellbeing. We saw that staff were being supervised. However, the lack of training indicated that supervision needed to be used more effectively to identify staff development needs. As such, supervision was not working in terms of the aims.

Some observations of staff practice were in place. However, not all the team had been offered this. Trained leaders should be observing staff when using aids and equipment to make sure they were doing it correctly. All staff had moving and assisting training. Training in itself is not enough. There should be a follow-up to check staff understanding is reflected in their practice (see area for improvement 1).

Staff worked on a rota system which they told us worked well for them. The majority of people told us the timings of support worked for them also. A couple of people said they would be keen to change some timings to suit their day. We suggested that they advise the manager of this. Rotas were planned in advance and whilst changes happened, due to sickness or such like, generally they were stable. People had confidence in their care team and commented that they knew who was coming and when. This ensured people were supported by staff they knew and provided continuity of care.

Staff felt they were supported by management and could get in touch with them as required. They also felt they could seek each other out for support and advice. This helped develop relationships between staff. People also reported that staff were friendly and kind in their interactions with them.

Requirements

1. By 14 March 2025, the provider must ensure that people are cared for by appropriately trained staff.

In order to achieve this, the provider must, at a minimum, ensure:

- a) a training needs analysis which takes the aims and objectives of the service and the needs of service users into account must be undertaken for all staff employed by the service
- b) a staff development plan including timescales and informed by the training needs analysis is developed, documented and implemented
- c) the staff development plan includes appropriate mandatory training
- d) the staff development plan includes appropriate role specific training
- e) the staff development plan includes appropriate professional qualifications
- f) the staff development plan details numbers and designations of staff, the dates when each course was last completed and when training or refresher training is to be delivered.

This is to comply with Section (8) of The Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

This is to ensure that care and support is consistent with 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) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

2. By 14 March 2025, the provider must ensure that people are kept safe by ensuring staff are aware of their legal obligations

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

- a) Scottish Social Services Council (SSSC) registrations are maintained and regularly audited
- b) Nursing and Midwifery Council (NMC) registrations are maintained and regularly audited.

This is to comply with The Regulation of Care (Scotland) Act 2001 (RoCA) and Nursing and Midwifery Order 2001 (the Order) and any associated statutory instruments for both.

This is to ensure that care and support is consistent with 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. To ensure individuals are supported by a well-informed staff team, leaders should revise their observations of practice documentation. This is to ensure moving and assisting people is reflected upon to assure leaders of staff competence. Leaders should further review the documentation to be satisfied it covers any other relevant aspects of staff observation.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

How well is our care and support planned?

3 - Adequate

People's care and support planning was supported at an adequate level, where strengths only just outweighed weaknesses.

It was clear that people enjoyed the support they received from staff. The support meant that people were able to stay in their home which was a clear wish of all.

People had a personal plan, known as a care plan. A paper copy was in their home. Staff had access to an electronic care plan which meant they could easily see the information before they visited people. People should expect that the plan reflected their current needs and wishes.

Following a recent complaint, the provider had started to update care plans to ensure they were up-to-date. It was positive to see that people's wishes and needs were being better recorded. The plans were easy to read and captured what people wanted in terms of support. We also saw relevant updates were in place and that work was near completion (see requirement 1).

A risk assessment is intended to protect people and staff from harm. The risk should be identified and then sensible and proportionate measures should be taken to deal with it. Staff need to know what the risk is, how they can reduce it happening and what they need to do if something does go wrong. Risk assessments were of variable quality. Some were clear but others did not offer enough information for staff to be sure about the risk. Different types of documentation were used to record risk assessments. Consistency is important as staff should know what documentation they need to refer to. People could not be assured that they would always receive the care and support that was right for them (see requirement 1).

After each visit, staff recorded details of the visit in a written diary and an electronic diary. Some families told us that they were able to gather good updates about their loved ones through the diary system.

Requirements

1. By 14 March 2025, the provider must ensure that people's care plans and risk assessments reflect the care and support that people need.

In order to do this, the provider must, at a minimum:

- a) ensure all care plans are accurate, detailed and reflect the current assessed needs of people
- b) ensure all risk assessments are accurate, detailed and reflect the current assessed needs of people
- c) ensure all risk assessments are available on a format that all staff have access to.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

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

Requirements

Requirement 1

By the 31 October 23, you the provider, must adhere to good practice guidance, 'Safer Recruitment Through Better Recruitment (Scottish Government, 2016) and Home Office guidance in respect of all aspects of international recruitment. This must be accompanied by responsive management arrangements to assure people the service is delivered by well-trained competent and confident staff, with the right to work. This is not limited to but you must:

- a) ensure all staff are appropriately and safely recruited in line with good practice guidance, 'Safer Recruitment Through Better Recruitment (Scottish Government, 2016),
- b) complete regular Right to Work checks and have appropriate arrangements for international recruitment as per home office guidance,
- c) ensure staff access the required skills, knowledge, and qualifications to fulfil their roles.

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 and 'My needs are met by the right number of people.' (HSCS 3.15).

This is in order to comply with Regulations 3, 4(1)(a) & (d), 7(2)(c), 9(1)(2)(b) & (c), 13, 15(a) & (b)(i) and 17(1)(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement had not been met and we agreed an extension to 14 March 2025.

This requirement was made on 27 July 2023.

Action taken on previous requirement

Whilst recruitment checks were taking place, leaders were not consistently applying the checks which left gaps in a few cases. Recruitment has been a feature of our previous inspections where we highlighted the need to follow good practice guidance. It was evident that leaders had not used previous inspection findings to reflect and learn from what hadn't worked well and what could be done to improve the service.

The UK government produces guidance which can be followed around Right to Work checks and should have been used.

Staff were not offered the level of training that we would have expected to see in place. It is important that staff are well-trained in order that they can carry out their roles in a safe, confident and competent manner. People should always be supported by staff who are skilled and capable. Maintaining and improving knowledge and skills is a requirement of staff professional registration. Staff are also responsible for their development.

It was disappointing to find that this requirement had not been met. There had been time to get things right around training as the service was not operating at full capacity and the staff should have been offered and taken time to complete training.

This requirement had not been met and we agreed an extension to 14 March 2025.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service should progress and agree the range of risk assessments in use within care plans. These should:

- a) accurately reflect the assessed health and care needs of the service user
- b) accurately reflect risks that have been identified, the assessment of these and steps to be taken to reduce and/or mitigate the risks
- c) ensure staff allocated to undertake the above assessments and reviews have the skills, knowledge and experience necessary to do so.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

This area for improvement was made on 27 July 2023.

Action taken since then

We were concerned to find that risk assessments were not fully in place, were not recorded in the same documentation and were not up-to-date. As such, the health and social care needs of people were not accurately recorded.

Staff training across the whole service needed to improve.

This area for improvement is no longer in place and has been incorporated into new requirements under How well is our care and support planned? and How good is our staff team?

Previous area for improvement 2

The service should ensure continued effective and responsive management arrangements. These should be supported by quality assurance systems which give service users confidence that the service received by them, is continually well led and managed. Actions should ensure:

- a) accurate records of training are completed for all staff
- b) records of staff supervision, observations of practice and actions to improve practice
- c) engagement with people, families and staff about the quality of the service
- d) quality assurance systems with monitoring and audits of key areas of the service
- e) service improvement plans to evidence improvements and good outcomes for people
- f) care and support and assessment information is up-to-date and regularly evaluated.

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).

This area for improvement was made on 27 July 2023.

Action taken since then

Due to concerns regarding quality assurance processes, we have now introduced a requirement.

This area for improvement is no longer in place and has been incorporated into new a requirement under How good is our leadership?

Previous area for improvement 3

We made this area for improvement following a complaint investigation.

To promote positive outcomes for people who are new to the service, the provider should ensure that staff have the right information and knowledge available to them prior to starting a service.

This should include, but not be limited to, ensuring that an initial plan is completed which outlines all equipment required for safe outcomes and also any risk assessments required. These should include details of associated risks and mitigation measures. This initial plan should also contain up-to-date health and welfare information. A log should be kept of all communication with professionals and people experiencing care. This log will show that people were included and contributed to their care planning.

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.

This area for improvement was made on 11 December 2024.

Action taken since then

This area for improvement relates to a recently upheld complaint. Further detail can be found on the linked service number CS2017360996 for 365 Care.

<https://www.careinspectorate.com/index.php/care-services?detail=CS2017360996>

As was noted in the body of the report, we were not satisfied with the assessment recording of risks in relation to people supported. We were aware that the leadership team was in the process of updating plans in general.

This area for improvement is no longer in place and has been incorporated into a new requirement under How well is our care and support planned?

Previous area for improvement 4

We made this area for improvement following a complaint investigation.

To promote confidence in the workforce and safe outcomes, the provider should ensure that staff have the right knowledge, skills and information available to meet the needs of people receiving care.

This should include, but not be limited to, the provision of training and individual observations of practice and that these are recorded in line with organisational policy. This should also include detailed information being available for equipment and its use. This will ensure that staff have the tools necessary for promoting safety and safe work practices.

This is in order to comply with: Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

This area for improvement was made on 11 December 2024.

Action taken since then

This area for improvement relates to a recently upheld complaint. Further detail can be found on the linked service number CS2017360996 for 365 Care.

<https://www.careinspectorate.com/index.php/care-services?detail=CS2017360996>

We examined records of training and were not satisfied that staff had completed all relevant training for their role. Leaders had not identified what training staff should complete in order that they were sufficiently skilled and knowledgeable about people's needs. Although a tracker of staff training was in place, it was not even used to ensure staff were fully compliant.

This area for improvement is no longer in place and has been incorporated into a new requirement under How well is our care and support planned?

Previous area for improvement 5

We made this area for improvement following a complaint investigation.

To promote health, wellbeing and safe outcomes, the provider should ensure that staff have the right knowledge, skills and information available to meet their needs.

This should be in the form of detailed assessment of risk including moving and assisting risk assessments and guidance for staff. The provider should also ensure that person-centred safe practice guidelines are recorded within individual care plans which contain sufficient detail to provide the up-to-date information required to support people who use the service.

This is in order to comply with: Health and Social Care Standard 1.15: 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.

This area for improvement was made on 11 December 2024.

Action taken since then

This area for improvement relates to a recently upheld complaint. Further detail can be found on the linked service number CS2017360996 for 365 Care.

<https://www.careinspectorate.com/index.php/care-services?detail=CS2017360996>

We examined risk assessments and whilst there had been some improvement particularly around moving and assisting people, there was still work to be done. Risk in one area of a person's life can interact with risk from another area. For example, people's skin integrity can be affected by poor moving and assisting. Risk assessments on the whole were not thorough. That presented a potential of things going wrong for people and staff.

This area for improvement is no longer in place and has been incorporated into a new requirement under How well is our care and support planned?

Complaints

Please see What the service has done to meet any areas for improvement we made at or since the last inspection.

You can also see our website for details of complaints about the service which have been upheld. 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?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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