

Ashgrove Care Home Care Home Service

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Kirn
Dunoon
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Unannounced

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Service provided by:
McKenzie Care Ltd

Service provider number:
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CS2012313839

About the service

Ashgrove is a modern purpose-built three storey home. It has 65 single en-suite bedrooms with a range of communal dining and shared living spaces. There is a safe courtyard style garden and access to a minibus for outings.

The home is located in Kirn, Dunoon and is registered to provide residential and nursing care to older people and people with dementia.

At the time of the inspection there was 61 people living in the service. The registered manager was supported by a depute and a team of nurses, senior carers, carers and activity staff.

About the inspection

This was an unannounced inspection which took place on 04, 05, 06 and 07 March 2025, between 09:15 and 20:30. 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 and 6 relatives
- spoke with 21 staff and management
- observed practice and daily life
- reviewed documents
- spoke with professionals linked to the service.

Key messages

- Management and staff knew each person well and were very good at building positive relationships with people and their families.
- People experienced compassionate, respectful, and person-centred care and support.
- The service should continue to develop more regular and meaningful activities to improve people's quality of life.
- Consistency of care planning and recording should be improved to ensure they are person centred and outcome focused for all people supported.
- The uptake of staff training was good, which improved staff knowledge and understanding.
- Quality assurance systems should be streamlined and better utilised to drive service improvements and developments.
- The service was recognised as an integral element of the healthcare provision within the local area.
- The service had worked on improving the consistency of hot water provision across the home, which enabled people to have access to having a shower within their own bedrooms.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	5 - Very Good
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?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. The strengths had a positive impact on people's experience and outcomes.

People experienced respectful and compassionate support, which demonstrated how well staff knew people and their preference of how support should be provided. We saw warm and genuine relationships between people supported and staff. A person supported told us "I like to help the staff out as I get on well with them and they are so good to me, I didn't do that in the previous place I lived." Relatives shared their appreciation of the support provided to their loved ones. A relative shared "it's the wee things that they do that make the difference, they sit x at the window with the view out to the water, as this comforts x as they used to have a nice view in their own home".

The service provided support to people with a wide range of needs and conditions. External professionals shared that the service was integral to the care and support provision on Dunoon, particularly for people with complex conditions.

Healthcare needs were met by the nursing and care staff team. Staff accessed a range of external health and care professionals such as Dietitians and Speech and language therapists for advice and support when needed. An external professional shared "they are open to saying when they need some additional support and working alongside the CMHT for the best outcomes for people" and "I am confident when we ask for something to be done, this is implemented efficiently improving people's health". This ensured people's health needs were met timeously and efficiently.

The service has a range of charts in place to monitor people's health and related activity, such as food and fluid intake and bowel monitoring. The information noted was not always fully completed or accurate. This meant that there could be delays to people receiving the right care and support. Guidance on the level of monitoring required to support people's health and wellbeing should be clear. This should include setting out thresholds for when further action may be required.

(Please see area for improvement 1)

People should expect their meals and snacks to meet their cultural and dietary needs, beliefs and preferences. We observed some very nice, respectful interactions and support during mealtimes, however the mealtime experience for some people was varied. People were not always able to make an informed choice of meals, with no menus being on show at the tables or for people having their meal in their bedrooms. The service should improve the overall dining experience for people.

(Please see area for improvement 2)

People had access to nutrition and hydration stations, including fresh fruit as well as additional snacks and drinks being provided over the course of the day. This improved people's overall nutrition and hydration outcomes.

There were systems in place for the safe administration of medication, to ensure that people receive the right medication at the right time. Some improvements were necessary to ensure the recording of

medication was accurate. Protocols for medication prescribed "as required" should be more detailed to ensure consistency of support. The management team began making changes to ensure medication recording was accurate over the course of the inspection.

(Please see area for improvement 3).

To ensure the management team have improved oversight of medication recording please see "How good is our leadership".

People should have the choice to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. We heard that activity provision had improved, with more planned and spontaneous activities, which people appreciated. To ensure people have access to stimulating and meaningful interactions, which meets individuals preferences, there should be ongoing development of both one to one and peer activities.

(Please see area for improvement 4)

Areas for improvement

1. To keep people safe and promote their health and wellbeing, the provider should ensure recording in relation to health and wellbeing is consistent across the service.

This should include but not be restricted to monitoring charts being fully completed and detailing why monitoring is in place, review dates, thresholds of when actions are required and evidence of action taken when needed.

This is to ensure care and support is consistent with the 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)

2. The provider should improve the mealtime experience for people. This should include but not be limited to ensuring that people are enabled to make informed decisions regarding their meal choices. Accurate menus should be available prior to meals being served, in a format people can understand.

This is to ensure that care and support is consistent with the 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." (HSC 1.33)

3. To keep people safe, the provider should ensure that medication is administered safely and effectively in line with prescribers instructions and best practice guidance. This should include ensuring staff understanding their responsibilities in relation to medication administration and actions required in the event of an error being discovered.

Detailed protocols should be in place to guide staff in the use of medication prescribed "as required".

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

"Any treatment or intervention that I experience is safe and effective. " (HSCS 1.24)

4. The provider should continue to enhance the provision of activities throughout the home to ensure these are designed around people's choices and preferences aimed to support better outcomes.

This should include but not be limited to:

a) Regular planned activities linked to individuals' preferences that provide stimulation and meaningful engagement.

b) Creating opportunities for people to have access to meaningful activities.

c) Improved availability of one-to-one support where people are unable or do not wish to be involved in group activities.

d) Developing methods to evaluate activities that have been facilitated to inform future plans.

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

"I can maintain and develop my interests, activities and what matters to me in the way that I like." (HSCS 2.22)

How good is our leadership?

3 - Adequate

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

The service had a comprehensive service improvement plan in place, which was developed from actions identified through various audits. This plan included clear actions with achievable target dates. However, it was suggested that a focused environmental improvement plan be developed to ensure attention is paid to key improvements identified.

(Please see "how good is our setting" for further details)

The management team demonstrated a strong understanding of people and their needs. Effective communication mechanisms were in place to share important information regarding clinical risks and concerns about people. This enabled the manager to support and direct any follow up actions required. To ensure consistency of support, it is important to ensure this information is recorded and shared consistently across the staff teams.

We observed and heard from staff that when actions were required or improvements identified, the management team addressed this in a calm and respectful manner. This approach helped to maintain a positive and effective working environment.

Incidents and accidents were logged regularly, with detailed monthly overviews that included a breakdown

of falls, trends, and follow-up actions. This process allowed the management team to identify patterns and assess risks, ensuring that strategies were in place to reduce future incidents.

People should benefit from a culture of continuous improvement. There was a range of quality assurance tools available and a framework detailing what should be done and when. Whilst we could see some improvements and developments identified and taken forward as a result of quality assurance activities, these were not always as effective as they could be.

There was a number of audits being used at service and senior management level. However these were not always picking up the improvement actions required to develop the service. Audit formats should be reviewed to ensure they are fit for purpose and asking the right questions to improve the quality of the experience for people. Auditors should be clear about what the questions are asking, to ensure a consistent response. Audits should have a clear action plan, with the intended outcome, whose responsible, required dates and sign offs for when completed. To ensure the continuing improvement journey, evidence based practice should identify both good practice and areas for development.

(Please see requirement 1)

People should be confident that people providing support have been appropriately and safely recruited. The management team had good oversight of the process, ensuring that safe staffing guidance had been followed. However, clearer information should be recorded in relation to discussions regarding recruitment decisions and start dates.

Requirements

1. By 29 July 2025, the provider must ensure that effective quality assurance processes are in place to ensure people experience consistently good outcomes. This should include at a minimum:

- a) The registered manager having complete oversight of the service and ongoing key activities including recruitment and environment.
- b) The management team having clear oversight of people's health and wellbeing needs and actions required to promote and improve people's health and wellbeing.
- c) The registered manager ensuring audits are effective in improving outcomes for people. Quality audits and action plans should be accurate, up-to-date and lead to the necessary action to achieve improvements without delay.

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

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

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Peoples' needs should be met by the right number of people. The service carried out monthly dependency assessments, capturing any fluctuations in individuals needs. Staffing levels were then adjusted based on these assessments, alongside other key factors like falls, buzzer response times, and external appointments. Each month the management team reflected on staffing levels, ensuring that the required levels were met and analysing any variances.

Staff members shared that staffing levels had improved significantly, allowing them more time to provide consistent and unhurried support. This had a positive impact on continuity of care and allowed staff to complete tasks without feeling rushed. Observations showed staff working in a calm and composed manner, fostering a relaxed and positive atmosphere in the home.

Peoples' care and support should be consistent and stable because people work together well. We observed the staff team working well together. There was clear recognition of each others role and the importance of each of their contributions. New staff were welcomed and integrated into the team quickly, which helped maintain a positive and supportive workplace culture.

A staff member shared "Staff have been lovely and friendly since I came here and couldn't feel more welcomed, I was really anxious about starting a new job. I really love working here". Relatives also expressed appreciation for the time spent by non-direct support staff with their loved ones, which enhanced their day.

There was overwhelming positive feedback from staff regarding the support provided by the management team, particularly the manager. Staff appreciated the personal and professional support they received, which helped them grow in confidence and improve their practice. A staff member shared "The manager and depute have gone above and beyond their roles in management to offer support and encouragement when I have needed it most. They have, and continue to, encourage my learning and development and have helped me gain significant confidence in myself". This supportive environment contributed to staff development and a stronger sense of team cohesion.

People should have confidence in staff providing their support because they have the necessary training, competence and skills. The service had a clear induction process specific to each department, with feedback gathered monthly from new recruits and their supervisors to assess progress. After completing key induction training sessions, staff submitted reflective statements, outlining what they had learned and how they would apply this in their practice. This reflective approach encouraged personal growth and professional development from the outset.

Following the probationary period, staff received quarterly supervision. Whilst these were used to give positive feedback, it would be helpful to utilise these sessions to encourage more reflective practice and evidence based discussions.

A wide range of both face-to-face and e-learning training was available, including dementia, adult support and protection, and moving and assisting. Staff compliance with training was high, and there were observations of practice to ensure that the training was being effectively applied. This could be developed further with medication observations giving evidence-based feedback, with clearer reflections on practice. Staff reported that the training provided was of good quality and supported them in their roles. Non-direct support staff also had access to key training, including dementia, which allowed them to better contribute

to the peoples' care and support.

How good is our setting?

4 - Good

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

People should expect their environment to be relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. The home was clean and welcoming, with neutral decor, pleasant seating areas, and wall art that added character to the corridors. However, upon closer inspection, it was noted that some areas required additional attention, particularly underneath table tops, toilet roll holders, and bath seats. Although cleaning schedules were in place and followed for both bedrooms and communal areas, the finer details should be revisited to ensure all areas are thoroughly cleaned.

While parts of the home were thoughtfully decorated, other areas, like hallways and doors, required improvement to enhance the homely atmosphere. Specifically, areas like the servery were in poor condition and posed a potential health and safety risk due to difficulties in keeping them clean. This had been identified in the health and safety audit, but no clear plan had been put in place to address this. A focused environmental improvement plan with clear priorities and target dates for necessary improvements should be developed to ensure the safety of the environment.

(Please see area for improvement 1).

We observed numerous signs and notices on the walls, some of which were no longer required or not appropriate. To enhance the homely feel, it was suggested that these signs be reviewed, and unnecessary or inappropriate ones be removed or replaced.

Regular maintenance checks were conducted internally and externally, with ongoing repairs managed routinely. Some maintenance issues were identified through management walk-arounds and health and safety audits. A dementia assessment carried out by the manager and a dementia ambassador covered a wide range of areas, leading to the creation of an action plan with clear timelines. This demonstrated a proactive approach to maintaining the home's safety.

People had independent access to a garden area, which was well utilised. We heard that over the summer months people were supported to grow vegetables.

To promote social interaction, space within the home had been developed to create smaller communal areas where people could spend time with their peers or family members. People enjoyed these spaces and spent time there throughout the day, enhancing their sense of community and well-being.

Bedrooms were personalised, with people being encouraged to bring in their belongings that were important to them. This was appreciated by people and their families. Although not all doors had nameplates, we heard these were on order and awaiting delivery.

People living in Ashgrove enjoyed the company of the pet cat, which contributed to the homely feel. Additionally, an individual was able to bring her dog with her during respite stay, which played a significant role in her decision to stay at the home. Relatives also appreciated being able to visit with their pets, noting the positive impact this had on their loved ones' health and well-being.

Areas for improvement

1. The provider should develop and agree a SMART (smart, measurable, achievable, relevant and timebound) comprehensive environmental improvement plan. This should address the required areas of improvement, including appropriate timescales for completion and regular measurements of progress.

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

"My environment is secure and safe". (HSC 5.17)

How well is our care and support planned?

3 - Adequate

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

People should benefit from care plans which are person centred, up to date and reflect their rights, preferences and desired outcomes. Whilst everyone had a care plan in place these were of variable quality.

We could see from observations and discussions with the staff team that people's needs were identified and staff were able to engage and support people with dignity and respect. For some people this could have been captured more effectively in the care plan. Staff knew people well which may lessen the reliance on care plans. Inconsistencies within care plans may cause confusion in relation to how staff are guided to provide support.

Within the plans sampled, some were written in a person centred way, giving a meaningful life history, however the plans were out of date and not linked to current support needs. We were therefore not always able to see an up to date care plan detailing support to be provided demonstrating the knowledge that staff have of people.

Multiple risk assessments were in place and being reviewed monthly, but for some people, these were not always necessary as no risks were identified. In other instances, changes in peoples' needs and dependency levels were not reflected in the risk assessments, making them less accurate in terms of identifying current care requirements.

We also observed that referrals to external professionals and the outcomes of their assessments were recorded within the care plans. However, these updates were not consistently reflected across all information recorded. This led to the potential of information being missed and heightened risk to people.

Although regular support reviews were carried out for all residents, the care plans themselves lacked consistency and clear reflection of updated needs and changes in support.

To ensure care plans are effective in directing care and support clear guidance should be developed for staff on the expectations of the care planning process. Documentation should be streamlined to include a clear support plan that reflects the persons needs and how these are to be met with relevant risk assessments. Clinical tools require to be used effectively to demonstrate how they support the safety and wellbeing of people and track changes to inform when actions are needed.

(Please see requirement 1)

Requirements

1. By 29 July 2025, the provider should ensure care plans are up to date and detail accurate information, to ensure that people receive the right support at the right time.

This should include at a minimum:-

- a. each person receiving care has a detailed personal plan which reflects a person-centred and outcome focused approach
- b. they contain accurate and up-to-date information which directs staff on how to meet people's care and support needs
- c. they contain accurate and up to date risk assessments, which direct staff on current/potential risks and risk management strategies to minimise risks identified
- d. they are regularly reviewed and updated with involvement from relatives and relevant others.

This is to comply with Regulation 5(2)(b) (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 states that:

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15)

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

Requirements

Requirement 1

By 06 February 2025, the provider must ensure that the care service is provided in a manner which promotes the dignity, respect and choice of people experiencing care, in an environment which is safe and well-maintained. To do this, the provider must ensure at a minimum that:

- a) the hot water system is fixed as a matter of urgency.
- b) people experiencing care are able to have a bath or a shower, with hot water, whenever they choose;
- c) people experiencing care are supported to maintain their independence, whenever possible, by being able to undertake their own personal care in their en-suite bathrooms, with hot water;
- d) the Care Inspectorate is notified immediately when there is an equipment breakdown which could have an adverse effect on the wellbeing and safety of people experiencing care;
- e) when people experiencing care raise concerns and complaints about faults with the facilities, these are formally recorded and responded to.

This is in order to comply with:

Regulations 4(1)(b) and 14(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 / 210)

This is to ensure care and support is consistent with Health and Social Care Standard 5.22: I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

We agreed an extension to this requirement to 03.03.25

This requirement was made on 21 January 2025.

Action taken on previous requirement

The provider had worked to fix the long-standing issue of inconsistent hot water, making significant progress. Repairs were complex, involving multiple contractors, and included replacing temperature control valves, fixing showers and the boiler.

Bedrooms, with the exception of two which still had some inconsistencies, had access to hot water for washing and bathing. Work is continuing to improve consistency within all bedrooms.

The provider had taken steps to monitor the situation, including regular temperature checks. They acknowledged previous shortcomings in communication and handling the issue and committed to learning from this experience. Since the last inspection, no new complaints have been raised, and updates have been shared openly.

Met - within 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

Care plans, daily notes and review minutes should be outcome focussed and written in a person-centred manner. They should take account of all the needs of the resident which should include but not be limited to;

1. Daily notes
2. Risk assessment documentation
3. Medication documentation
4. Meaningful activity documentation
5. Review documentation

This is to ensure care and support is consistent with the Health and Social Care Standards 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).

This area for improvement was made on 1 April 2022.

Action taken since then

Care plans were of variable quality. Whilst some care plans were written in a person centred way, giving a meaningful life history, plans were out of date and not linked to current support needs.

For some people there were gaps in daily recording, which meant we were not always able to see ongoing

support being provided.

A number of risk assessments were in place for each person, which appeared to be being updated monthly. However these were not always required or meaningful particularly if there was no risk identified in that area.

Meaningful activity records were being developed to capture one to one support being provided however this requires ongoing improvement to demonstrate a holistic overview of meaningful activity engagement.

Reviews of care and support were being undertaken regularly. The management team recognised the need to ensure these were meaningful and included feedback from relevant others.

This area for improvement is not met and will be incorporated into requirement one "how well is our care and support planned".

Previous area for improvement 2

To keep people safe, the provider should implement their organisational quality assurance systems to monitor, audit and evaluate areas of practice. This can include but not be limited to:

1. Infection prevention and control measures
2. Care planning
3. Risk assessments
4. Medication
5. Supervision
6. Maintenance

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); and 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18).

This area for improvement was made on 1 April 2022.

Action taken since then

A wide range of quality assurance systems and processes were in place, and being undertaken regularly. However this was not always effective in identifying areas for improvement and development, across the service. Please see "how good is our leadership" for further information.

This area for improvement is not met and will be incorporated into requirement one "how good is our leadership".

Previous area for improvement 3

The provider must ensure that when an individual is prescribed medication, in this case for treatment for an infection, they must ensure that the medication is collected promptly to ensure that treatment is commenced as soon as possible.

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)

This area for improvement was made on 10 October 2024.

Action taken since then

The service had been developing their relationship with their new chemist in Gourrock which had been working well for regular medication. Short term medication continued to be collected from their local pharmacy, which has enabled this to be collected timeously.

We sampled short term medication prescribed by the GP and found prompt action being taken by nursing staff where there were concerns, then quickly being followed up with contact with the GP and pharmacy. This meant there was no delays in medication being administered.

This area for improvement is met.

Previous area for improvement 4

All medications must be given as required, where an issue with administering any medication occurs, staff must consult with a doctor or pharmacy to explore appropriate alternatives to ensure that this medication is given.

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

"Any treatment or intervention that I experience is safe and effective". (HSCS 1.24)

This area for improvement was made on 7 December 2023.

Action taken since then

There were inconsistencies in relation to a number of medication recordings. Although most medication records sampled had been administered following the prescribers instructions, there were several recordings where medication had been refused and not then followed up with the prescriber. We were not able to see that this had been discussed internally.

This area for improvement is not met. This will be incorporated into an area for improvement in relation to medication recording and administration within "how well do we support peoples wellbeing and requirement one in relation to effective quality assurance system "how good is our leadership".

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
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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