

Merse House Care Home Service

Merse House
Merse Avenue
KIRKCUDBRIGHT
DG6 4RN

Telephone: 01557 332250

Type of inspection:
Unannounced

Completed on:
2 October 2024

Service provided by:
Park Homes (UK) Limited

Service provider number:
SP2006008483

Service no:
CS2021000289

About the service

Merse House is registered with the Care Inspectorate to provide a non-nursing care service to a maximum of 32 older people over the age of 65 years. The provider is Park Homes (UK) Limited.

This two storey purpose-built home is located in a residential area of Kirkcudbright. The upper floor of the home is not used for accommodation.

All bedrooms have ensuite facilities of a toilet and sink. Each of the two units has its own assisted bathing facility, sitting and dining areas. There is an enclosed garden with seating and a car park is available to visitors.

At the time of this inspection, there were 31 people living at Merse House.

About the inspection

This was an unannounced inspection which took place on 24, 25, 26 and 27 September 2024 between 08:00 and 19:15. The inspection was carried out by two inspectors from the Care Inspectorate.

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

In making our evaluations of the service we:

- Spoke with 17 people using the service and nine relatives.
- For people unable to express their views, we observed interactions with staff and how they spent their time.
- Spoke with 20 staff and management.
- Observed practice and daily life.
- Reviewed documentation.
- Spoke with two visiting professionals.

During our visit on 24 and 25 September, we identified serious concerns which required immediate action. A serious concern letter was issued on the 25 September which detailed required improvements to be taken by 27 September 2024. Further details of these concerns are recorded within the body of the report.

Due to the significant improvements required, we evaluated all key questions as 'weak.' An Improvement Notice was issued on 9 October 2024. A copy of the Improvement Notice can be accessed via the Care Inspectorate website, Find care (careinspectorate.com). We have referenced the requirements of the Improvement Notice throughout the associated sections of this report.

Key messages

- People told us staff were kind to them.
- Improvement must be made to monitoring the health needs of people.
- The provider must ensure improvements to personal plans and assessments of people's needs in order to improve outcomes for people experiencing care.
- Improvement to addressing infection prevention control, maintenance and fire safety must be made to ensure the setting is clean and safe.
- Staffing arrangements must be reviewed to ensure responsive care to people.
- Staff recruitment and induction requires improvement.
- The provider must improve their quality assurance system in order to achieve oversight and analysis of the service.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.
- The service had not met the four areas for improvement identified at the previous inspection.
- An Improvement Notice with five required improvements was issued to the provider on 9 October 2024.
- Four requirements have also been made in this report that are not included in the Improvement Notice.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

1.3 People's health and wellbeing benefits from their care and support.

We found the performance of the service in relation to this quality indicator was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

There were times where we saw staff providing people with kind, helpful and compassionate care. People experiencing care expressed they had positive relationships with staff members. Comments included, "the staff are very nice", and "the staff try their best and are always respectful."

During the inspection, we issued a serious concern letter which required immediate action to improve poor standards of care. These related to nailcare, oral care and support for bathing. Records were inconsistent and for some people, showed care was not regular and had not been carried out for an extended period of time. We were concerned that staff accepted this and did not see when people needed their basic care needs met. This is not acceptable practice which places people's health at risk, and also compromises basic human rights. **This is now subject to an Improvement Notice which we issued on 9 October 2024.**

People's needs were not being assessed effectively by the staff team to ensure the right care at the right time for people. Assessments did not include up to date information for people relating to their health and wellbeing. Examples of staff practice demonstrated a task driven approach and acceptance of poor standards of care whereby the status quo was accepted and not questioned. This raised concerns about the culture in the home and positive role modelling. When a visiting professional had completed an assessment with actions for staff to promote health and wellbeing, there were situations when this was not carried out by staff. As a result, these experiences placed people at risk of serious consequences. **This is now subject to an Improvement Notice which we issued on 9 October 2024.**

The service had an activity coordinator within the home. We observed people enjoying music, entertainment, and games in the communal areas. People spoke highly of what was offered and evidence was seen of various events, community outings and activities that had taken place. This helps people to remain connected with the community and supports people's mental, social, and physical health.

The dining room was pleasant, and the tables were nicely presented. Most people appeared to enjoy their food. However, for people who needed additional support at mealtimes, they did not receive the right support at the right time. Staff were task focused and not reactive to people's needs. The lack of intervention and responsive care place people at risk of not drinking and eating enough.

Communication and monitoring of people's nutritional needs between staff did not always take place. Personal plans were not clear on nutritional support including dietician advice, and frequency of weight monitoring included inconsistent recordings. In order to improve outcomes for people, the communication between care staff and catering staff must improve. Recording and monitoring of food and fluid for people was not consistent or in line with best practice (See Care Inspectorate best practice guidance 'Eating and drinking well in care: good practice guidance for older people' and 'Promoting good nutritional care in care homes: practice note'). This placed people at unnecessary risk of not getting the nutritional support they

required, which could have serious consequences. **This is now subject to an Improvement Notice which we issued on 9 October 2024.**

Medication recording systems and protocols for "as required" medication were in place. Regular checks were being carried out including daily checks for controlled medication. Where people were supported to apply topical medication, there were no labels on creams or ointments detailing when they had been opened. This placed people at risk of not receiving the right medication at the right time.

Management of medication was not always reflective of good practice (see 'Professional guidance on the safe and secure handling of medicines', Royal Pharmaceutical Society, 2018). Areas of stock control and checks of medication expiry dates required to improve. We found staff had not received training to support the management of epilepsy and administration of rescue medication. This puts people at unnecessary risk to their health, wellbeing, and safety. People having lockable medicine cabinets in their bedroom would promote person-led care and independence. (See 'Care Homes for Adults - The Design Guide' page 53, Care Inspectorate, 2022). **(See requirement 1).**

Requirements

1. By 13 January 2025, the provider must ensure that there is a safe system and processes for medication management in the home in order to support and protect the health and welfare of the residents. To do this the provider must, at a minimum:

- a) Medication expiry dates must be checked and managed in line with best practice.
- b) There must be relevant risk assessments in place in relation to specific health conditions and use of medications.
- c) Provide evidence that all staff involved in supporting people to take their medication have participated in relevant training and are competent.

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 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

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

How good is our leadership?

2 - Weak

2.2 Quality assurance and improvement is led well

We found the performance of the service in relation to this quality indicator was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

A service improvement plan was in place. However, several areas for improvement identified by the service and at previous inspections had not yet been achieved. This slow pace of change demonstrated a lack of capacity by the management team towards continuous improvement. Examples of negatively impacting on

people's outcomes have been highlighted in this report as a result of delayed actions from the improvement plan.

Staff spoke positively about the registered manager and how approachable and supportive the manager and her team were. Some staff shared that they did not have confidence in the provider's commitment to improvement due to the slow progress on certain areas, for example, replacement of chairs and repairs to a bathroom which was not in use.

It is important that through feedback process, services seek the views of people, their representatives, staff, and this informs any changes identified. Recent resident and relative meetings had low attendance, and the home had recently made plans to try and increase engagement with people. This will support better outcomes for people through a culture of continuous improvement.

Whilst there was a range of audits in place to provide oversight of the service, these were not being used to their full potential. There was no structure or overall analysis of audits carried out. This had resulted in some improvements not being identified or actioned. For example, taking action after identifying themes and trends from analysing falls within the home. This places people at risk, if necessary improvements are not identified or actioned.

Some incidents within the service had not been notified as required to the Care Inspectorate. The submission of such notifications can provide us with assurance that incidents are being managed and reported correctly to us, and other relevant bodies. This gave us serious concerns regarding the management and oversight of people's health, safety, and welfare. **This is now subject to an Improvement Notice which we issued on 9 October 2024.**

The provider had a complaints policy in place; however, we could not see that the guidance was consistently being followed. Where complaints had been investigated, feedback to the complainant with outcomes and actions taken were not always clear. The service must ensure there is a clear complaints procedure available that all staff, supported people and relatives are aware of. Any concerns raised must be addressed in line with organisational policy. This ensures people feel listened to and reassured that the service is led well (**see requirement 1**).

We found some environment improvements that had taken significantly longer to action or had yet to be completed. These had either been identified at previous inspections or through the home's action plan. For example, areas of redecoration and replacement of soft furnishings. (See further details under Key Question 4 - 'How good is our setting?').

When the service was registered on 8 October 2021 the provider agreed to a condition: "To complete the required improvements within the timescales as agreed with the Care Inspectorate detailed in the home's Improvement Plan, which must be publicly displayed within the care home." There remained outstanding actions from this condition. (See further details under Key Question 4 - 'How good is our setting?').

The significance to serious concerns and associated themes identified in this report, highlight that quality assurance and governance is key to performance improvements that are required. Whilst a service improvement plan was in place, consideration should be given to the use of self-evaluation tools to assess what is working well and what needs to improve (see 'Self-evaluation in adult care services' (careinspectorate.com)). This will support the priority work as part of the Improvement Notice, and other areas of improvement we have identified in this report.

It is crucial that the local and external management team demonstrate a proactive leadership approach to identifying improvements and capacity to mitigate risk. This will positively impact on the safety of people and the quality of their experiences to have better outcomes.

Requirements

1. By 13 January 2025, the provider must support better outcomes for people through a culture of continuous improvement. The provider must review, implement, and adhere to the organisation's complaints policy. To do this the provider must, at a minimum:

- a) Detail a clear procedure on the handling of complaints and related staff responsibilities which are publicly displayed.
- b) Maintain a clear record of all complaints and concerns raised within the service.
- c) Respond to all complaints in line with the policy and procedure; and
- d) Fully investigate complaints under the complaint's procedure, recording any actions taken and the investigation outcome.

This is in order to comply with: Regulation 18(2) of The Social Care and Social Work Improvement Scotland (Requirements of Care Services) Regulations 2011 (SSI 2011/210).

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our staff team?

2 - Weak

3.1: Staff have been recruited well

3.3: Staffing arrangements are right, and staff work well together

We found the performance of the service in relation to these quality indicators was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

We received some positive feedback about staff. Examples of comments included, "the carers are very friendly" and, "the staff are always very welcoming and support my dad with what he needs, they do a great job." This helps people to have confidence in staff who provide their support.

The process of safer recruitment in line with good practice was not always being followed. Where staff had changed job role, we could not see recruitment documentation to support this. This puts people at risk of not being protected if staff have not been safely and appropriately recruited (**see requirement 1**).

We found that staff inductions did not always prepare staff for their role. The support provided to staff during their induction was unclear. It is important staff receive regular supervision during their probationary period to recognise any further support or training needs required. This risks not improving practice and could compromise good outcomes for people (**see requirement 1**).

Supervision and observations of staff practice were taking place. However, it is important that these processes to manage performance clearly differentiate the different roles staff carry out. Supervision and observations of practice could be used better to discuss more detailed practice, training, and development. This contributes to safe and consistent standards of practice as part of ongoing quality assurance. The weaknesses in current management approaches to oversee staffing, placed people at risk, if necessary staff performance improvements are not proactively identified or actioned (**see requirement 1**).

The provider had a dependency tool to determine the number of staff and skills needed to meet people's care needs. However, there had been issues with the electronic system which meant assessments had not been completed to reflect people's current needs. We found examples that showed people's assessed needs were not accurate. We could see people waiting extended periods of time for assistance, for example with eating and drinking, and being supported to use the toilet. **This is now subject to an Improvement Notice which we issued on 9 October 2024.**

Whilst staff worked hard, they did not have enough time to meet the overall needs of people. Staff told us they would like more time to interact with people. We discussed this with the management team and suggested the service refer to The Care Inspectorate's 'Safe Staffing and Self Evaluation' to allow for compassionate care and meaningful interactions with people (see safe staffing programme: 'Information for adult services' Care Inspectorate Hub). This would enhance people's experiences and sense of wellbeing. Earlier in this report we have referred to people being at risk due to ineffective assessment of needs, and the consequential poor quality of care experienced by some people. **This is now subject to an Improvement Notice which we issued on 9 October 2024.**

Requirements

1. By 13 January 2025, the provider must ensure that staff are suitably recruited, inducted, and trained to carry out their job role. To do this the provider must, at a minimum:
 - a) Follow safer recruitment guidelines by ensuring interview documentation and references are in place.
 - b) Provide an induction that is suitable to prepare staff for their role.
 - c) Staff training must prepare staff with the right skills and knowledge to meet people's support needs.
 - d) Through supervision and observation of practice, management should evaluate whether training is being implemented in practice; and
 - e) Demonstrate that further training is provided to staff where there are identified deficits in knowledge, skills, and practice.

This is in order to comply with Regulation 4 Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 and section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

How good is our setting?

2 - Weak

4.1: People experience high quality facilities

We found the performance of the service in relation to this quality indicator was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

People who live in the home could not be assured of living in an infection free environment as there was a need to improve cleaning practices. There were periods when there was not enough housekeeping staff scheduled to work to do what was needed. The cleaning of furnishings and care equipment used for people was not acceptable in some areas to protect them from the transmission of infection. This highlighted a further example of weaknesses in oversight by management. People's dignity is compromised, and their wellbeing is put at risk if they are not living in a safe and clean environment. **This is now subject to an Improvement Notice which we issued on 9 October 2024.**

We observed a fire exit to be blocked with excessive laundry items. We raised this with the registered manager at the time of inspection. The exit was cleared; however, this highlighted unsafe practices which puts people at serious risk of harm. Due to a breakdown of a washing machine and lack of action taken at the time, this resulted in several laundry items not being stored appropriately or washed in a timely manner. The serious concern letter we issued included a requirement to ensure working practices and the management of laundry is carried out in line with good practice. Immediate action was taken; however, work continues to be required to demonstrate sustainability of safe practices in these areas. **This is now subject to an Improvement Notice which we issued on 9 October 2024.**

Maintenance within the home was not always being addressed timeously. Examples of this included; replacement of internal doors, unclean windows, redecoration of parts of the home. This resulted in a lack of good living standards for people (**see requirement 1**).

We observed maintenance records which had been amended with overwriting of information. This meant records were difficult to understand, and it wasn't always clear if the appropriate checks had been carried out. In the absence of environmental checks, the service will not be able to identify areas where issues exist. The ability to put in place and implement appropriate remedial plans is therefore compromised and puts people's safety at risk. **This is now subject to an Improvement Notice which we issued on 9 October 2024.**

When the service was registered on 8 October 2021 the provider agreed to a condition of registration related to the environment and setting (this has been referred to earlier in the report under KQ 2 - 'How good is our leadership?'). A required improvement was to look at options for the laundry room to comply with current guidance. The provider must address the outstanding condition of registration that relates to the home's improvement plan. This will enhance the environmental aspects of the home, and therefore support better experiences for people (**see requirement 1**).

There had been investment in the improvement of shower facilities, replacement of flooring and the home had a well-presented enclosed garden. These improvements had made a difference in people's experiences. This supported people to get involved with gardening or other leisure pursuits and supported them in maintaining their mobility and independence. The home should continue to make improvements identified within the service improvement plan in relation to the environment and keep residents, relatives and staff updated.

Requirements

1. By 13 January 2025, the provider must ensure that the service is operating in line with the conditions of registration and ensure people experience high quality facilities. This will enhance the living conditions and improve outcomes for people. To do this the provider must, at a minimum:

- a) Completion of the required improvements as agreed with the Care Inspectorate detailed in the home's improvement plan.
- b) Maintenance needs identified are included in the home's improvement plan; and
- c) Address maintenance and environmental needs identified in the service action plans in a timely manner.

This is to comply with Regulation 4 (1) (a) (b) (Welfare of service users) and 14 (d) (Facilities in Care Homes) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

How well is our care and support planned?

2 - Weak

5.1: Assessment and personal planning reflects people's outcomes and wishes

We found the performance of the service in relation to this quality indicator was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

People had personal plans in place. However, personal plans did not accurately reflect the care and support experienced by people and information was not always correct. For example, where nutritional needs had change we could not see that staff were aware of this and action taken to mitigate any risk to a person. Whilst outcomes for people were documented throughout personal plans, these did not always reflect up to date information or demonstrate people's involvement. Identifying outcomes and including people is key to person centred planning and supports a fundamental human right to be at the centre of decisions and to be heard and valued.

People living in the home and their representatives should expect to be involved in all assessments, care planning, decision making and care reviews. We found that personal plans contained contradictory and inaccurate information. Despite management reviewing personal plans, there was a failure to address the contradictory information and have up to date assessed needs. This places people at risk of not receiving the right support for their health and wellbeing.

Personal plans and associated risk assessments must improve to accurately reflect the health and care needs of people living in the service. There was a lack of daily recording and monitoring to identify health or care professional interventions that may be required to keep people well. Poor staff communication in this area had resulted in vital information relating to people's health being missed. This put people at risk of not receiving the care they require in order to mitigate harm. **This is now subject to an Improvement Notice which we issued on 9 October 2024.**

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 manager must ensure people's hydrational care needs are met and they have access to fresh fluids at all times.

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

'I can drink fresh water at all times' (HSCS 1.39).

This area for improvement was made on 2 March 2023.

Action taken since then

This area for improvement has not been met and is reported on further under KQ1 'How well do we support people's wellbeing?' and is now subject to an Improvement Notice which we issued on 9 October 2024.

Previous area for improvement 2

The manager must ensure people who require support are assisted by staff to maintain their oral hygiene care.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 2 March 2023.

Action taken since then

This area for improvement has not been met and is reported on further under KQ1 'How well do we support people's wellbeing?' and is now subject to an Improvement Notice which we issued on 9 October 2024.

Previous area for improvement 3

To support people's wellbeing and social inclusion, the provider should review how they plan and enable people to participate in a range of activities of their choosing, both indoors and outdoors. In doing this they should:

- a) Develop activity plans with people.
- b) Consider any staff training needs.
- c) Ensure activity provision is discussed with the team, and that related outcomes are being met and evaluated.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25); 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 24 November 2022.

Action taken since then

Positive feedback was given in relation to activities happening in the home. We have reported on this further under KQ1 'How well do we support people's wellbeing?' The service should continue to develop community engagement and provide opportunities to provide meaningful connections for people.

This area for improvement has been met.

Previous area for improvement 4

To support people's wellbeing, the provider should ensure staff refresh their knowledge around the International Dysphagia Diet Standardisation Initiative (IDDSI) framework that describes food and drink recommendations for people with swallowing problems.

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34); and

'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 24 November 2022.

Action taken since then

This area for improvement has not been met and is reported on further under KQ1 'How well do we support people's wellbeing?' and is now subject to an Improvement Notice which we issued on 9 October 2024.

Previous area for improvement 5

To ensure people receive responsive care and support, the provider should undertake self-evaluation aligned to the quality framework for care homes for adults and older people, to understand where efforts to support improvement should be targeted.

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).

This area for improvement was made on 24 November 2022.

Action taken since then

This area for improvement has not been met, is reported on further under KQ2 'How good is our leadership?' and is now subject to an Improvement Notice which we issued on 9 October 2024.

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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
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
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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