

Balhousie Coupar Angus Care Home Service

Station Road
Coupar Angus
Blairgowrie
PH13 9AL

Telephone: 01828 424 930

Type of inspection:
Unannounced

Completed on:
16 April 2025

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010274577

About the service

Balhousie Coupar Angus is a modern, purpose-built care home and is registered to provide care and support to 41 older people. It is situated in the small town of Coupar Angus and has good access to local health services and other community facilities.

The home comprises of four separate units, one of which is dedicated to people living with dementia, providing accommodation for 10 people. There are two units located on the ground floor that have access to an enclosed and landscaped garden, with a summer house and seating area. There are a further two units located on the first floor. Each unit has a communal living and dining area and additional quiet spaces.

Residents are encouraged to personalise their rooms and may, if they wish, bring small items of furniture with them. A passenger lift provides access to the first floor.

Balhousie Care Group states that: "The prime focus for the entire team is creating a caring environment based on respect and dignity, and providing a holistic approach to the care of our residents."

About the inspection

This was an unannounced inspection which took place on 15 and 16 April 2025, between the hours of 09:00 and 17:30. The inspection was carried out by two inspectors from the Care Inspectorate. Another inspector attended as part of their induction training. An inspection volunteer also assisted with speaking to people and their families/visitors.

To prepare for the inspection we reviewed information about the service. This included information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Discussed care practice and support provided with people and their relatives, and staff members.
- Spoke with six people using the service.
- Spoke with two family members/representatives of people using the service.
- Spoke with six staff and management.
- Received feedback through care standards questionnaires from 12 people using the service and their relatives/carers.
- Observed care practice and daily life.
- Reviewed documents.

People indicated that they were happy with the general care and support provided, but felt that there could be more staff and opportunities for outings.

Key messages

- A previous requirement had been made in relation to staffing. Three out of the four elements of that requirement have been met; however, one element still needed further improvement to enhance people's experience of care. As a result, this element of the requirement has been restated and extended to 31 July 2025.
- Staff worked well as a team. Changes to staff deployment had made a positive difference to levels of observation and improved people's mealtime experience. However, more time could be made available for social interaction and physical exercise.
- The service had a comprehensive suite of quality assurance tools; however, improvements could be made to medication audits and use of people's suggestions to improve the service.
- The home was clean and in good general condition; however, some areas would benefit from redecoration to make them more homely and comfortable to live in.
- Overall, care plans had improved since the last inspection. They were more person-centred and individualised, and there was clear reference to involvement of external health professionals and consultation with social workers.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

3 - Adequate

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

Staff were seen to treat people with dignity and respect and people told us that they appreciated the care and support provided. Compared to the last inspection, we found the overall atmosphere in the home to be more comfortable with staff experiencing less pressure. Changes to staff deployment had been generally effective in improving levels of observation and improving people's mealtime experience.

Nevertheless, staff were seen to be busy providing for people's direct care needs and there was limited time available for meaningful social interaction and physical exercise. This was mitigated to some extent by the presence of an enthusiastic activities coordinator who tried to engage people in a variety of activities, which took account of individual interests and abilities. People were involved with physical exercises, arts and crafts, discussions, and time out in the garden (weather permitting). We heard about visits by children from local schools and families being encouraged to take people out where appropriate. It was disappointing to learn that access to minibus transport, which supported residents outings, had become more limited. Trips outside the home are important in boosting people's morale and promoting engagement with the community. We therefore encouraged the home to explore opportunities for regular trips to local and wider attractions.

Building capacity into routines for care staff to spend social time with people and to support physical activity would also help to improve people's physical and psychological wellbeing.

People's health and wellbeing needs were identified in assessments, care plans, and reviews of care needs. The input of health professionals, such as GPs, community mental health nurses, speech and language therapists, and dentists was seen in care plans.

Appropriate processes were in place to manage people's medicines, although some improvements in audit and oversight could be made. This is discussed further under Key Question 2: 'How good is our leadership?'.

People and their representatives were involved in planning and reviews of care and support. Social work also involved people in annual reviews of their needs. Where appropriate, legal measures were in place to support people who lacked capacity to make their own decisions. This helped ensure that people's views and preferences were known and taken into account when planning and reviewing their care.

How good is our leadership?

3 - Adequate

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

Improvements had been made since the last inspection, with the manager able to demonstrate a clear understanding about what is working well and what improvements were still required. This helped ensure that people could benefit from a culture of continuous improvement.

The service provider had implemented a comprehensive suite of quality assurance tools. There were systems in place to audit a range of areas, including analysis of accidents and incidents, staff training needs, medication, and reviewing care plans.

This helped staff identify trends and take prompt action to prevent recurrence; however, we found that some quality assurance processes were not being used effectively to identify issues.

Medication administration was carried out by nurses and senior care staff who had received training to help them administer medicines competently and safely. From a sample of people's medicines, we found that there were effective processes for ordering medication and returning items to the home's pharmacy. However, there were issues with recording administration of some people's medicines, including 'as required' medication. As a result, we could not be confident that stock levels and records were correct for all people. The service's audits had failed to identify these issues, which had the potential to significantly impact on people's health and wellbeing.

We heard that the service would be moving to an electronic medication administration recording system in the near future, which would enhance management oversight, stock control and easier identification of medication errors.

Daily flash meetings took place, with all departments represented, and staff meetings were held regularly. This meant that communication was effective within the service. The service had an improvement plan which identified actions to achieve measurable improvements and clearly evidenced the management team's priorities.

Regular team meetings and staff supervision took place. All staff had access to a range of relevant online and face-to-face training resources. People could therefore be reassured that staff were competent and knowledgeable, and appropriately supported by their managers.

People who use the service should expect to have regular opportunities to express their views about their care and support, and the home in general. This helps ensure that people's outcomes are being met and that they have a say on future improvements within the service. The manager had recently implemented regular meetings with residents and relatives. Satisfaction surveys were also being introduced. These could be further developed to ensure that people's experiences are being regularly evaluated with feedback reported and acted on. This would help people contribute ideas to the service's improvement plan. We will examine people's involvement in suggesting improvements to the service at future inspections.

Systems were in place to safeguard people's finances. The service provider had recently implemented an online banking system that people could choose to use. This allowed access to individual funds; however, further work was needed to help staff use the system effectively and to allow easy access outside office hours. The manager agreed to implement a solution which would ensure that staff were aware of how to access people's finances at all times.

How good is our staff team?

3 - Adequate

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

Staff worked well as a team. Changes to staff deployment since the last inspection had made a positive difference to levels of observation and improved people's mealtime experience. Nevertheless, care staff were busy providing for people's direct care needs and had limited time for meaningful social interaction and physical exercise.

A previous requirement had been made in relation to staffing, as detailed under Requirement 2 in the section of this report titled 'What the service has done to meet any requirements we made at or since the last inspection'. Three out of the four elements of that requirement have been met; however, one element still needed further improvement to enhance people's experience of care. As a result, this element of the requirement has been restated and extended to 31 July 2025 as detailed in Requirement 1 under Key Question 3: 'How good is our staff team?'.

The service used the 'Depensys' staffing tool to assess staffing needs. This was updated at least weekly. The manager also completed a regular assessment of additional needs, which was informed by their professional judgement and the views of staff who attended the daily management 'flash meetings'. This had resulted in the allocation of an additional member of staff to each day shift. The 'Depensys' tool did not allow for the addition of the manager's comments; however, these were recorded separately and open to examination by the inspectors.

The service managers were supported in recruitment and employment issues by the provider organisation's human resources team. Pre-employment checks were carried out in line with safer recruitment practice. Managers maintained audits around professional body registration and training needs following appointment.

The service had been recruiting care and ancillary staff and expected to have a full staff complement in the weeks following this inspection. Staff received appropriate induction training and had access to ongoing online and face-to-face training, which was appropriate to their roles and responsibilities.

There were regular staff meetings and line managers provided appropriate supervision for staff. This allowed staff to discuss care practice and employment issues. The service recognised that the content of supervision could be improved and planned to implement new supervision and appraisal documents in the coming months. Including more detailed discussions around reflective and observed practice would help staff improve standards of care and enhance their knowledge and skills.

The service was implementing training around the Health and Care (Staffing) (Scotland) Act 2019. It will be important to continue progress with such training so that staff can understand 'safer staffing' and the implications of the Act.

The provision of regular staff meetings, supervision and training is important in ensuring that staff are supported and have the necessary knowledge and skills to deliver high quality care.

Requirements

1. By 1 August 2024 the provider must, having regard for the size and nature of the care service, the statement of aims and objectives and the number and needs of the service users:

a) Ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

This in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 15(a) 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 3.15: My needs are met by the right number of people.

This requirement was originally made on 6 June 2024 and extended to 30 November 2024. Another extension was made to 16 February 2025 to allow for further improvements to be made. The requirement was comprised of four elements. Three of these elements have been met at this inspection (16 April 2025) as detailed under Requirement 2 in the section of this report titled 'What the service has done to meet any requirements we made at or since the last inspection'.

The restated requirement has been extended to 31 July 2025.

How good is our setting?

3 - Adequate

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

The home was purpose-built and comprised of four units over two floors. People had access to an internal lift to allow movement between floors. One unit on the ground floor (Abbey Unit) provided a secure environment for people living with dementia.

The home had a welcoming atmosphere. People had access to fresh air, natural light and sufficient space to meet their needs. However, some areas of the home (particularly Abbey Unit) were rather functional in appearance. Such areas would benefit from redecoration of communal areas and bedrooms to make them more homely and comfortable to live in.

People could enjoy living in an environment that was clean and clutter free. Appropriate infection prevention and control procedures were in place. Communal bathrooms were clean and spacious to allow for the use of mobility aids.

Bedrooms, corridors and communal areas were clear of hazards, and a record of accidents and incidents was maintained. These measures helped ensure that people were safe and secure. Examination of records, observations, and discussions with people and staff confirmed that routine maintenance and repairs were carried out promptly. Maintenance of the environment and equipment was well organised, with the necessary checks completed in line with the service's policies and procedures.

People had access to a well maintained, secure garden area. We were told that the outdoor areas were well used by people when the weather was better. As stated earlier, it was disappointing to learn that access to minibus transport, which supported residents outings, had become more limited. Trips outside the home are important in boosting people's morale and promoting engagement with the community. We therefore encouraged the home to explore opportunities for regular trips to local and wider attractions.

How well is our care and support planned?

4 - Good

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

Care plans were managed through an electronic system, which helped care staff easily access care documents. The system also allowed for routine management oversight and audit.

Overall, care plans had improved since the last inspection. They were more person-centred and individualised, and there was clear reference to involvement of external health professionals and consultation with social workers. There was good detail around core elements of daily care as well as more specific information relating to matters such as managing people's stress and distress. This helped staff support people effectively and improve the quality of their daily lives.

Previous requirements relating to end-of-life care and pain management (as identified in the section of this report titled 'What the service has done to meet any requirements we made at or since the last inspection') have been met, following improvement work by the service.

Reviews of care took place regularly with people and their representatives involved in planning their care and support. Social work also involved people in annual reviews of their needs. Legal frameworks were in place to support people who did not have capacity to make informed decisions about their finances and welfare. This helped ensure that people's rights were protected and that their lifestyle choices were respected.

It would be positive to see more work around developing aspirational activities, so that care plans could guide staff towards enhancing people's lived experience. Clearly identifying personal interests, hobbies and people's dreams and wishes within care plans would help in respect of this.

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

Requirements

Requirement 1

Complaint requirement 1 from complaint 2024132598:

By 1 August 2024 the provider must make proper provision for the health, welfare and safety of people using the service. In particular, the provider must:

- a) Ensure a proactive approach to the assessment and care planning process for individuals' end of life needs.
- b) Ensure care planning includes details of the individual's personal needs, wishes and choices for end of life.
- c) Ensure the close consultation with individual's loved ones in the care planning and on-going care process.
- d) Ensure the timely and appropriate assessment of individual's symptoms, including those for pain.
- e) Ensure symptom control is carefully planned and regularly reviewed to ensure the effectiveness of interventions.

To be completed by: 01 August 2024

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

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

At the last inspection on 19 August 2024, more improvement work was required to fully meet this requirement. The requirement was therefore extended to 30 November 2024.

This requirement was made on 1 August 2024.

Action taken on previous requirement

No people were receiving end-of-life care at the time of inspection. All care plans examined referred to end-of-life care and/or future/anticipatory care planning. There had been significant improvements made to these care plans since the last inspection, although variations in the amount of detail were observed. This was mainly due to people and their representatives engagement on the subject-matter. We noted that end-of-life care can be a difficult subject to discuss with people; however, it is important to be proactive and identify people's wishes and preferences so that their care experience can be effectively tailored to their needs and expectations at the appropriate time.

Given the improvements made, we felt that this requirement had been met. The service agreed to further develop future and end-of-life care planning. Good practice resources were signposted to the service.

Met - outwith timescales

Requirement 2

Complaint requirement 2 from complaint 2024132598:

By 1 August 2024 the provider must, having regard for the size and nature of the care service, the statement of aims and objectives and the number and needs of the service users:

- a) Ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.
- b) Ensure the needs assessment includes accurate and reliable data in accordance with the needs of individual residents.
- c) Ensure adequate and appropriate deployment of staff to ensure break times do not impact on residents care and support.
- d) Ensure staff are fully aware of their responsibility to escalate staffing issues to the management team.

To be completed by: 01 August 2024

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people.

This is in order to comply with: Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

At the last inspection on 19 August 2024, more work was required to ensure that the service's dependency assessment tool better reflected people's physical, psychological, social and recreational needs. The tool also needed to account for the layout of the building and other factors, such as time for staff training and supervision. The requirement was therefore extended to 30 November 2024

This requirement was made on 1 August 2024.

Action taken on previous requirement

- a) Ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

Evaluation of action taken

We saw that the service had made significant efforts in assessing the number and deployment of staff. Since the last inspection, a new deputy manager had been recruited and care and ancillary staff posts had been filled. As a result, the service expected to have a full staff complement in the weeks following this inspection.

An additional carer had been deployed on a 'floating' basis over the day shift. This meant that additional support was available to provide care at peak times across the four units.

Mealtimes had been reorganised to allow for more staff presence and a more pleasant mealtime experience. These measures had improved the overall delivery of care in the service.

Nevertheless, we observed and heard from people and staff members that additional staff resources would further improve people's experience of care. Despite the changes, there were still delays in answering the staff call system, people in one of the units continued to need enhanced support at mealtimes, and more opportunities for social and physical activity could be built into people's daily lives.

On the basis of our findings, this element of the requirement has only partially been met and will be restated as detailed in requirement 1 under Key Question 3: 'How good is our staff team?'

b) Ensure the needs assessment includes accurate and reliable data in accordance with the needs of individual residents.

Evaluation of action taken

The service had taken appropriate action to meet this element of the requirement.

The 'Depensys' system staffing tool was updated at least weekly. The manager also completed a regular assessment of additional needs, which was informed by their professional judgement and the views of staff who attended the daily management 'flash meetings'. This had resulted in the allocation of an additional member of staff to each day shift.

The 'Depensys' tool did not allow for the addition of the manager's comments; however, these were recorded separately and open to examination by the inspectors.

c) Ensure adequate and appropriate deployment of staff to ensure break times do not impact on residents care and support.

Evaluation of action taken

Observation of staff deployment and discussion with staff indicated that any negative impact on residents care and support arising from staff breaks was minimal. As a result of our findings, this element of the requirement has been met.

d) Ensure staff are fully aware of their responsibility to escalate staffing issues to the management team.

Evaluation of action taken

Staff were aware of their responsibilities around escalating concerns about staffing to the management team. There was evidence of discussions around staffing at staff meetings and daily management 'flash meetings'. On the basis of these findings, this element of the requirement has been met.

Met - outwith timescales

Requirement 3

By 1 August 2024 the provider must make proper provision for the health, welfare and safety of people using the service. In particular, the provider must:

a) Ensure a proactive approach to the assessment and care planning process for individuals' end of life needs.

- b) Ensure the timely and appropriate assessment of individual's symptoms, including those for pain.
- c) Ensure symptom control is carefully planned and regularly reviewed to ensure the effectiveness of interventions.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me'.

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

The above requirement elements were originally made on 6 June 2024 and extended to 30 November 2024. Another extension has been made to 31 March 2025 to allow for further improvement.

This requirement was made on 6 June 2024.

Action taken on previous requirement

No people were receiving end-of-life care at the time of inspection. All care plans examined referred to end-of-life care and/or future/anticipatory care planning. There had been significant improvements made to these care plans since the last inspection, although variations in the amount of detail were observed. This was mainly due to people and their representatives engagement on the subject-matter. We noted that end-of-life care can be a difficult subject to discuss with people; however, it is important to be proactive and identify people's wishes and preferences so that their care experience can be effectively tailored to their needs and expectations at the appropriate time.

Given the improvements made, we felt that this requirement had been met. The service agreed to further develop future and end-of-life care planning. Good practice resources were signposted to the service.

Met - outwith timescales

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

Areas for improvement

Previous area for improvement 1

Area for improvement 1 from complaint 2024135411 (13/11/2024)

In order to support good outcomes for people experiencing care, and their representatives, the manager should ensure that staff have the knowledge and skills required to promote good hydration care throughout a person's lifetime. This should include when they are approach the end of their life.

This is to ensure care and support is consistent with Health and Social Care Standard 2.17: I am fully involved in developing and reviewing my personal plan, which is always available to me.

Area for improvement made 13/01/2025

This area for improvement was made on 13 January 2025.

Action taken since then

The service had acted appropriately on this area for improvement and identified improvements made in an action plan. We observed that fluids were available for people to easily access and that care plans included recording of fluid intake. There had also been improvements in end-of-life care planning and pain management practice.

Based on our findings, this area for improvement has been met.

Previous area for improvement 2

Area for improvement 2 from complaint 2024135411 (13/11/2024)

In order to support good outcomes for people experiencing care, and their representatives, the manager should ensure that staff have effective communication skills. This includes both verbal and written communication to ensure information is understood, accurately recorded shared.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

Area for improvement made 13/01/2025

This area for improvement was made on 13 January 2025.

Action taken since then

The service had acted appropriately on this area for improvement and identified improvements made in an action plan. We saw that there had been developments in care plan recording and communication about people's care and support needs. Communication had been enhanced through the implementation of daily 'flash meetings' and afternoon 'huddle' catch up meetings. We were overall satisfied that staff understood people's care and support needs.

Based on our findings, this area for improvement has been met.

Previous area for improvement 3

Area for improvement 3 from complaint 2024135411 (13/11/2024)

In order to support good outcomes for people experiencing care, staffing levels should be sufficient to allow falls prevention strategies to be effectively implemented.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

Area for improvement made 13/01/2025

This area for improvement was made on 13 January 2025.

Action taken since then

The service had acted appropriately on this area for improvement and identified improvements made in an action plan. At the time of inspection, we had no concerns about falls management and prevention. People's care and support needs were regularly reviewed with falls risks being subject to individual and collective oversight by managers. This included use of the 'falls safety cross', which is a recognised tool that assists with identification of falls risk factors and trends. The information from the 'falls safety cross' can be used to prevent falls happening in future.

We recognised that improvements were still needed around staffing, although we did not see any direct impact on falls arising from this at the inspection. Further discussion on staffing and a continued requirement relating to this can be seen under Key Question 3: 'How good is our staffing?'.

Based on our findings, we felt that overall, this area for improvement has been met.

Previous area for improvement 4

Area for improvement 4 from complaint 2024135411 (13/11/2024)

In order to support good outcomes for people experiencing care, the manager should improve complaint handling and the logging of concerns. This will help the service to identify any patterns of concern they need to address.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

Area for improvement made 13/01/2025

This area for improvement was made on 13 January 2025.

Action taken since then

The service had acted appropriately on this area for improvement and identified improvements made in an action plan. We examined the service's complaints processes and found these to be robust. Complaints were clearly recorded with appropriate actions and outcomes identified. There was also management oversight to help ensure that lessons learned were put into practice.

Based on our findings, we felt that this area for improvement has been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.