

Caledonia Care Home

Care Home Service

7 Sidney Street
Saltcoats
KA21 5DB

Telephone: 01294 469 045

Type of inspection:
Unannounced

Completed on:
25 April 2025

Service provided by:
H & H Care Homes Limited

Service provider number:
SP2010010960

Service no:
CS2010250664

About the service

Caledonia Care Home is owned by H & H Care Homes Limited and is registered to provide a care service to a maximum of 90 older people.

The service is located in a residential area of Saltcoats, North Ayrshire, close to local amenities and transport links.

The home extends over two floors and has six separate units; three with 15 beds, two with 16 and one with 13 beds. Bedrooms are single with en-suite facilities, including showers. Each unit has an open plan sitting room/dining area with a pantry where hot drinks and snacks can be prepared. There are additional sitting areas in each unit and two areas are currently presented as a 'tearoom' and a 'pub' for residents to utilise. There are adapted bathing and shower facilities. The floors can be accessed via stairs or the passenger lift.

The home has a secure garden with sitting areas located in raised decking which is accessible from various parts of the care home.

About the inspection

This was an unannounced which took place on 16, 17, 22, 23 and 25 April 2025. 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 18 people using the service and 17 of their relatives and friends
- spoke with 31 staff and management
- observed practice and daily life
- reviewed documents
- received feedback from three professionals associated with the service.

Key messages

- Residents experienced compassionate, responsive support from skilled and kind staff who were familiar to them.
- Staff managed a wide range of complex healthcare needs well.
- The new management team were working hard to implement improvements.
- The provision of physical and functional activity should be improved to meet the needs and wishes of residents and their families as well as supporting residents to spend more time out of doors and in the local community.
- The meaningful involvement of residents, families and staff should be promoted.
- Quality assurance systems should be further developed to monitor performance across the service as well as informing and supporting continuous improvement.

From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
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?

4 - Good

We found important strengths that had a significant, positive impact on people's experiences and outcomes, with some areas for improvement to maximise wellbeing. We evaluated this key question as good.

Residents' healthcare needs had been assessed by skilled and knowledgeable staff. Care plans detailing planned actions had been implemented with additional advice being sought from external professionals where concerns had been identified, such as weight loss, skin damage, falls, or a deterioration in mental health. Responsive actions and good working relationships with community healthcare colleagues meant that people experienced treatments and interventions that had been safe and effective. Those we contacted during the inspection commented:

'I have always found the staff in Caledonia to be professional, knowledgeable and responsive with their residents' needs. I believe residents in Caledonia are well cared for and have no concerns about the wellbeing of residents. Caledonia has historically been a positive environment for residents in my experience and I find staff very knowledgeable and compassionate about their residents.'

'I have recently been impressed with nursing staff when they had a very poor discharge from hospital with a complex patient. They contacted the service immediately, we worked very well together, prevented a re-admission to hospital and then worked intensively together with a complex care plan.'

Regular monitoring and review of residents' clinical healthcare needs had helped to identify and manage concerns at an early stage, helping people to recover more quickly when they became unwell. The clinical audits and associated meetings recently introduced had supported good communication and information sharing as well as positive outcomes for individual residents.

Palliative and end of life care should be managed in accordance with the wishes of people experiencing care and their families. Staff were aware of the importance of planning ahead in respect of future wishes whilst individuals remained well but anticipatory care plans (ACP's) had not been completed in some of the personal plans we reviewed. We shared resources for managing difficult conversations with the management team and included the implementation of anticipatory care plans as an area for improvement as detailed under key question five in this report.

The protocols in place for the safe management of medication had informed and enabled staff to provide support that ensured people received the right medicines at the right time. This helped to keep people safe and well.

Infection prevention and control (IPC) measures had become well established in line with current guidance. Staff had a good awareness of IPC measures and demonstrated this in their practice. This helped to protect vulnerable people from the risk of infection.

Maintaining significant relationships is important for residents and their families. This had been well managed and relatives told us they felt welcome. However, we noted the visiting policy did not reflect Scottish legislation and good practice. This should be updated and shared with residents and their families so they are aware of their rights when any restrictions are applied; for example, during outbreaks of infection.

Supporting residents to be as active as possible and offering daily opportunities to participate in a range of activities both indoors and outdoors promotes wellbeing and enables people to get the most out of life. We saw that a varied activities programme had offered opportunities for fun, social connection and entertainment. Special events and anniversaries were celebrated and we saw residents enjoying planned activities during our visit. The programme would be enhanced by introducing good practice initiatives such as CAPA (Care About Physical Activity), Namaste and Playlist for Life. In addition, more work was needed to improve the range and frequency of the options on offer as we did see residents disengaged from any structured activity for long periods of time. Opportunities for accessing the outdoors and the local community had been limited and residents and their families told us this was important to them. Care plans for meaningful activity and engagement should be developed in more detail, taking account of individual abilities and interests with the impact and benefits of participation being clearly reflected in evaluations and six-month reviews (see areas for improvement 1 and 2).

Residents should be able to enjoy their meals in a relaxed and unhurried atmosphere. Overall, we saw staff managing mealtimes well, providing discreet and responsive encouragement and support. Catering staff had a good awareness of individual likes and dislikes with alternatives being provided to help maximise food and fluid intake. We discussed with the management team the benefit of reintroducing mealtime audits and reviewing menus to ensure they are nutritionally balanced and informed by residents' needs and personal preferences (see area for improvement 3).

Areas for improvement

1. To support people experiencing care to get the most out of life and to offer a sense of purpose and fulfilment, the activities programme should offer increased opportunities for functional and occupational activities, as well as more outdoor and community based options. Positive risk taking that enhances people's quality of life by helping them to maintain skills, abilities and reach their full potential should be promoted.

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

'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); and

'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life' (HSCS 2.24).

2. Care plans for meaningful activity and engagement should be developed in more detail, taking account of individual abilities and interests with the impact and benefits of participation being clearly reflected in evaluations and six-month reviews.

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 outdoors and indoors' (HSCS 1.25).

3. Menus should be reviewed in consultation with residents and their families, and should more fully reflect the nutritionally balanced options available daily. Regular mealtime audits should be reintroduced to inform and support consistently positive mealtime experiences for residents.

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

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible.' (HSCS 1.35).

How good is our leadership?

4 - Good

We found important strengths that had a significant, positive impact on people's experiences and outcomes with some areas for improvement to inform and support robust quality assurance. We evaluated this key question as good.

People experiencing care and their families need to have confidence that care services are well led. The new management team in place demonstrated a good awareness of what was needed in terms of improvement as well as a commitment to the ongoing development of the service. A service improvement plan had been devised setting out priorities, responsible person(s) and timescales. It was reassuring to see that this aligned with our inspection findings. The improvement plan should be closely monitored to ensure planned actions are progressed. Moving forward, the improvement plan should also be shared with residents, families and the staff team to promote awareness and involvement.

People experiencing care and their families should be supported to understand the standards they should expect, as well as being involved with the service in meaningful ways to encourage the sharing of views and ideas. This enables people to feel empowered and valued. It was positive to find that the management team were keen to increase opportunities for residents and their families to become more involved in the service. A localised policy would help to inform a meaningful and inclusive approach so people are clear about the range and frequency of the opportunities available to them; for example, surveys, meetings, projects and so on. An informative newsletter would also support information sharing and this was going to be progressed (see area for improvement 1).

A range of well completed quality audits had identified compliance with good practice and highlighted areas where improvement was needed. Action plans had been developed to inform and monitor the planned improvements. Having a clear focus on the evaluation of people's experiences linked to the Health and Social Care Standards (HSCS) would further inform and support meaningful quality assurance processes.

Consideration should be given to empowering the wider staff team in elements of quality assurance systems and activities as this raises awareness of good practice, promoting responsibility and accountability.

Good shift handovers, 'flash' meetings and the open door approach adopted by the management team all supported effective communication. The development of staff meetings would be enhanced by including a review of the previous meeting minutes and agreed actions, standing items, celebration of achievements, quality assurance outcomes, the HSCS and so on. This would give the staff team a better sense of ownership and participation. An annual schedule would also be beneficial for preparing in advance.

Self-evaluation against the HSCS and the quality framework for inspection should be undertaken in partnership with residents, families and staff. The outcome should be used to inform continuous improvement planning. Moving forward, linking improvement planning to the relevant HSCS would demonstrate how this promotes positive outcomes for people using the service and their families.

Overall, we concluded that the revised quality assurance framework needed to become better established to

embed systems and processes that underpin and drive change and improvements that deliver positive outcomes for people using the service and their families (see area for improvement 2).

Areas for improvement

1. To enable people to feel empowered and valued, a participation and involvement policy should be devised and implemented in consultation people experiencing care and their families.

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6); and

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

2. So that people experiencing care and their families benefit from a culture of continuous improvement, including robust and transparent quality assurance processes, the management team should ensure that the quality assurance framework becomes well established. It should be clear how the systems and processes in place underpin and drive change and improvements that deliver positive outcomes for people using the service and their families.

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).

How good is our staff team?

4 - Good

We found important strengths that had a significant, positive impact on people's experiences and outcomes, with some areas for improvement that would further improve staff wellbeing and support. We evaluated this key question as good.

We observed warm, kind and responsive interactions from a staff team who demonstrated compassion and concern for residents. Staff were familiar to residents and the use of agency workers had been minimal, providing good continuity. Support was delivered in a discreet manner that maintained people's dignity and we saw that staff were able to spend time in conversation with residents or comforting individuals who became anxious or distressed, preventing further escalation. This led to people feeling safe, acknowledged and involved. We received mostly positive feedback about the staff team. Comments included:

'They are wonderful - they go above and beyond. It's a wonderful place and (relative) is definitely well looked after.'

'I'm over the moon - (relative) has been doing great since she came here. We looked at a few places but the professionalism here was the best. I'm confident in the staff - I can leave here and not have any concerns.'

'Lots of ups and downs - some things are good but it depends on the staff. Nobody asks me for my opinion and I think they should involve families more. Overall, I'm happy with the care and (relative) seems content.'

'We've noticed a vast improvement in (relative) - the staff are amazing.'

We observed staff across all departments working well together in a supportive and respectful way that created a pleasant atmosphere. Staff spoken with were professional, friendly and motivated to provide positive outcomes and experiences for the people they cared for. Staff told us they enjoyed their work and felt well supported by colleagues and their managers who demonstrated genuine concern for staff wellbeing.

Monthly dependency assessments informed by a review of residents' needs had been carried out and recorded. The management team shared examples where staffing had been adapted responsively following the analysis of this information with high dependencies scrutinised to ensure adequate staffing. In addition to the monthly dependency assessments, the management team should implement the staffing method framework to consider and link the various aspects of workforce and workload planning that deliver positive outcomes for people as well as supporting the wellbeing of staff. Staffing assessments should be shared with residents, families and staff in an open and transparent way (see area for improvement 1).

Good communication systems and the allocation of staff meant that residents received responsive support from individual staff who were responsible and accountable for their care. Staff were clear about their roles and deployed effectively in terms of experience and skill mix. This meant that staff were well organised with shift leaders and managers able to ensure that care had been delivered properly.

Staff supervision should result in better outcomes for people experiencing care. It should reflect a sense of planning and progression, reflection on practice and, by pooling skills, experience and knowledge, the aim should be to improve the skills and capability of individual staff and the team as a whole. Supervision meetings had been reviewed and carried out recently with the intention of making improvements. With this in mind, supervision meetings should meet the aim of being a two-way process whereby staff are supported, motivated and helped to develop their skills, knowledge and practice. It should include reviewing workloads, setting clear, specific goals and expectations, celebrating achievements, reflecting on professional registration requirements and practice as well as identifying areas for improvement and learning/development opportunities.

Areas for improvement

1. In addition to the monthly dependency assessments, the management team should implement the staffing method framework to consider and link the various aspects of workforce and workload planning that deliver positive outcomes for people as well as supporting the wellbeing of staff. Staffing assessments should be shared with residents, families and staff in an open and transparent way.

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 setting?

3 - Adequate

We found some strengths that had a positive impact on people's experiences and outcomes, with areas of performance that needed to be addressed to improve the quality of the environment. We evaluated this key question as adequate.

People using care services should experience high quality facilities that meet their needs. Overall, we saw that the presentation of the home environment reflected a welcoming and homely setting. Bedrooms were single with en-suite facilities including showers and had been attractively personalised so that people were able to have a sense of ownership over their private space. Units of 15 beds promoted small group living and we observed residents spending their time comfortably in their own rooms, in lounge/diners or in the alternative lounge areas available.

Residents and their families were mostly positive about the environment with some issues raised. Comments included:

'It's always clean and tidy and (relative's) room is spacious and bright.'

'The bedroom carpet really needs to be replaced and some of the chairs are stained. It could do with being freshened up.'

'They have been making improvements but it needs to happen faster as some parts look tired and furniture needs replaced.'

There was a choice of areas available where people could spend their time. This meant that people had sufficient space to come together or spend time alone if this was their choice. Plans were in place to develop a sensory room from an underused space. This this would be a positive addition to the home environment as a quiet area or a base for activities such as Namaste which focusses on enhancing the quality of life of individuals living with advanced dementia.

Housekeeping staff worked hard to maintain a clean, tidy and fresh environment which helped to protect vulnerable people from the risk of cross infection as well as making the care home a pleasant environment to live in and visit. However, we did observe some issues that should be addressed as some soft furnishings, armchairs and carpets were worn or stained and could no longer be cleaned to a high standard. It was reassuring to see that an environmental improvement plan had been devised to support improvements that included signage, outside space, new furniture, improved lighting, new pantries and redecoration. The King's Fund Environmental Assessment Tool had been used to inform the planned improvements. This was good to see as this provides an evidence based approach to the promotion of independence and a more dementia friendly care home environment. We look forward to seeing the improvements at the next inspection.

Clear, planned arrangements for the regular monitoring and maintenance of the premises and equipment is necessary to ensure people are safe. Whilst the premises was well maintained overall, some important maintenance checks had fallen behind in the absence of a maintenance officer. This was addressed during our visit with ongoing plans for checks to be carried out within timescales. Maintenance checks should be closely monitored as part of the quality assurance framework to ensure security and safety from avoidable risks or harm. This includes the equipment used to meet the needs of residents (see area for improvement 1).

The care home had a good sized garden as well as a raised deck that was accessible from various parts of the downstairs unit. It would be positive to see this space being developed as outlined in the environmental improvement plan to make it more attractive, functional and engaging to enable residents to spend more time outdoors and become meaningfully involved in gardening and other outdoor activities.

Areas for improvement

1. To ensure that people are safe and to offer security and safety from avoidable harm, maintenance checks should be closely monitored as part of the quality assurance framework. This includes the equipment used to meet the needs of residents.

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

'My environment is secure and safe' (HSCS 5.17).

How well is our care and support planned?

4 - Good

We found important strengths that had a significant, positive impact on people's experiences and outcomes, with some areas for improvement that would further improve the quality of care and support planning. We evaluated this key question as good.

People using care services should benefit from dynamic, innovative and aspirational care and support planning which consistently informs all aspects of the care and support they experience. Overall, the personal plans we reviewed contained a good level of information about people's needs, preferences and daily routines. This showed that staff knew people well and there was some evidence that they had consulted residents and their families when developing care plans. However, some of the people we spoke to were unsure about their personal plans. There was a need for staff to ensure they clearly reflect how they have involved residents and their families using a range of methods so that people are able to lead and direct the development and review of their care and support plans in a meaningful way.

Taking a strengths-based approach to care planning recognises people's abilities and promotes independence. We saw examples of care planning that reflected this with positive, person-centred information recorded. Action should be taken to extend this approach to all personal plans with additional learning for staff where a need for this is identified.

We identified that some aspects of personal planning could be improved including social profiles, anticipatory care plans and the consistent use of non-labelling or stigmatising language. It was reassuring to see that the service's own audits were also identifying and addressing areas where records could improve. When evaluating care plans, staff should ensure that people's experiences and outcomes are included to reflect the impact of the care and support delivered.

The electronic care plans contained a lot of information and consideration should be given to developing 'one page profiles' setting out key information about each individual. The management team were familiar with these resources and agreed this would be useful, particularly for new staff.

We made an area for improvement regarding the quality of care and support planning and signposted staff to the good practice guidance on the Care Inspectorate Hub (see area for improvement 1).

Areas for improvement

1. To ensure that people using care services benefit from dynamic, innovative and aspirational care and support planning which consistently informs all aspects of the care and support they experience, personal

plans should be reviewed to improve recording, including meaningful involvement, anticipatory care planning and outcome focussed evaluations.

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).

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

Whilst we were impressed by the activity team and their efforts including the support from the provider, we noted that access to this building provides some challenges as does getting out into the secure garden area to the rear of the building. Whilst there is access to the decking area the passenger lift has been out of order for some time and this would need to be looked at. We discussed this area of improvement at the feedback and the provider recognised this and was supportive of making changes to improve this.

We would also include here the access to transport as this is a large home but does not have any transport. Again, we discussed this during feedback and the provider was putting in place temporary arrangements with their other care homes to share a transport vehicle with a view to making future provision for the home. We will review both these areas of improvement at future inspections.

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

This area for improvement was made on 9 June 2023.

Action taken since then

The passenger lift to the garden had been repaired. We were informed during the inspection that transport had been sourced for the service which should facilitate increased opportunities for people to access community resources.

This area for improvement had been met.

Previous area for improvement 2

The management team should continue to develop and implement the good standards of quality assurance systems we saw during this inspection. This is to ensure they are effective in assessing and evaluating the quality and standards of care and support provided and any areas of improvement identified are addressed through appropriate action plans.

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 9 June 2023.

Action taken since then

Quality assurance systems and processes were under review by the management team at the time of the inspection with a view to making improvements. We were able to confirm that a range of audits and checks had been carried out to monitor standards and promote good practice with positive impact. However, further work is needed to establish the quality assurance system and to embed audits that inform good practice. The checks and audits undertaken should include a clear focus on delivering positive outcomes and experiences for residents and their families as well as informing the service improvement plan. **We continued quality assurance as an area for improvement as detailed under key question two in this report.**

Previous area for improvement 3

The provider should ensure that the consistency of the content of the electronic care planning information and that these plans are developed in consultation with the individual and their representative to reflect a responsive, person-centred approach, taking account of individuals choices, preferences and abilities.

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).

This area for improvement was made on 9 June 2023.

Action taken since then

Care plan audits and additional learning for staff had supported improvements in care planning but this was not consistent in the records we reviewed. **Work was ongoing to develop the content of electronic care plans and we continued this as an area for improvement as detailed under key question five in this report.**

Previous area for improvement 4

The manager should ensure people's personal care is carried out in a way that respects their personal preferences. This is to ensure care and support is consistent with Health and Social Care Standard 1.4:

'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.'

This area for improvement was made on 16 May 2024.

Action taken since then

The people we spoke with told us that staff delivered personal care in a respectful way that protected their dignity. However, individual preferences regarding male or female staff had not been recorded in the personal care plans we reviewed. Staff should ensure they consult with residents and their families as to whether they have a preference and clearly record this in the relevant care plans.

We continued this area for improvement.

Previous area for improvement 5

To support better outcomes for people, it is important the service has in place a robust quality assurance system. The manager should develop an improvement plan, and the actions being taken to improve clinical

governance oversight within the service. This is to ensure care and support is consistent with Health and Social Care Standard 4.19:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

This area for improvement was made on 10 February 2025.

Action taken since then

A dynamic improvement plan had been developed and work was ongoing to achieve the planned actions. Clinical audits and meetings had been introduced, providing staff with an overview of people's clinical healthcare needs and the actions taken in response. **As detailed under area for improvement two and key question two in this report, we continued quality assurance as an area for improvement.**

Previous area for improvement 6

To ensure people have access to a varied program of meaningful activities:

- a) the activity plan should be reviewed to ensure this meets people's interests and hobbies;
- b) opportunities are available for people to be out in the community;
- c) records of activities provided should be improved upon.

This is to ensure care and support is consistent with Health and Social Care Standard 1.25:

'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.'

This area for improvement was made on 10 February 2025.

Action taken since then

Although activity planners had offered a variety of meaningful activities, people we spoke with told us that more regular opportunities to spend time outside and in the local community was important to them. The outcome and impact of the activities residents have been involved in should also be better reflected in personal plans and six-month reviews. **We continued activities as an area for improvement as detailed under key question one in this report.**

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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

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