

# Tigh-A'Chomainn Care Home Service

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Peterculter  
AB14 0SB

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**Type of inspection:**  
Unannounced

**Completed on:**  
7 May 2025

**Service provided by:**  
Tigh-a'Chomainn Camphill Ltd

**Service provider number:**  
SP2003000027

**Service no:**  
CS2003000261

## About the service

Tigh-A'Chomainn is a care home providing 24 hour support for up to 10 adults who have a learning disability. At the time of inspection nine residents were living in the home. The service is based in two houses in large grounds, in the town of Peterculter. Each person has their own bedroom, with shared bathrooms, kitchens, lounge areas and garden. There is a separate day provision service for people to use during the week. The people are supported by some staff who do not live in the home, and they also share their home in partnership with live-in support staff. Everyone spends some time socialising and planning together.

The houses are within walking distance of a range of shops and bus routes both into the city of Aberdeen and out into the local countryside.

## About the inspection

This was an unannounced inspection which took place between 28 April and 7 May 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 six people using the service and spoke or received surveys from four of their family.
- Spoke and received surveys from 16 staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

## Key messages

- Most people appeared happy and occupied each day.
- Staff had mixed views about whether they were comfortable with all situations in the home, and whether the managers supported them at all times.
- There were caring and encouraging relationships between all people.
- A new manager had recently been appointed so the service was in a stage of change.

## 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?	3 - Adequate
How good is our setting?	3 - Adequate
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

People's health and wellbeing was supported at a weak level. Strengths were identified, but were outweighed by significant weaknesses.

Some people looked happy and talked with us about what they were doing. Others were not happy, and even distressed sometimes, and spent a lot of time in their room which could be isolating and make them feel worse. We asked the manager to consider how this could be improved, and have reinstated a requirement in relation to this (see the outstanding requirements section of this report).

Families had a range of views about the quality of people's care and support: from being happy with the service, to sometimes happy and others not happy at all. The service did not have good relationships with all families and on some occasions felt they had done all they could to improve them. One family described poor communication and them not being aware of what was happening in their relative's life. The service should work to maintain helpful relationships with all families, which will benefit people's feeling of security and wellness.

There was a calm atmosphere in the house, with staff chatting together and having positive and caring conversations with people. A small number of staff mentioned there could be disharmony sometimes and this could be upsetting for people in the house.

People appeared to receive their medication correctly each day. However, it was difficult to be certain that all medication was correct and effective. Examples of poor practice with recording and storing were; incorrect count of medication so it was not certain whether medication had been incorrectly administered or dropped or otherwise lost; bottles were not labelled with a 'when opened date' so there was no clarity about when to discard after opening; inaccurate transcription from the pharmacy box to the medication administration and recording sheet meaning staff were not aware of all details as they were administering the medication. These areas of weakness with medication could have a serious impact for people and must be improved (**see requirement 1**).

People had a meaningful work type activity scheduled on their weekly timetable for every weekday. This was in either the garden at a local castle, their own home garden or an indoor workshop close to the house. One person had been unhappy with their work pattern so their timetable had been changed, which was helpful for them. Another person was finding their activities increasingly difficult due to deterioration in their eyesight and an alternative was found which they told us they were happy with. It was good that the service was responsive to people's changing needs. The weekly timetables were a little sparse when people were not working during the day. A small number of workers told us that they felt people needed more options and ideas for their 'not working' time, so they could be supported with a variety of things and were not bored. This was discussed with the manager and they agreed to consider how to improve this.

People's health benefitted from a good quality diet, with fresh ingredients and home cooking being a large feature of people's lives and an area that they all helped with. People's health was supported by a range of health services such as dentist and podiatry. The service was following the guidance as prescribed and this was helping people, for example one person was using a splint and a walking stick and this improved their mobility and comfort. There were areas where it was not clear if people were getting the attention and support they needed, for example one person would benefit from a referral to a continence service, one person had a topical cream and staff were not sure about how this was being used and recorded. These

aspects that need to improve are considered in the 'How well is our care and support planned?' section of the report.

People were supported to understand and manage their cash safely. The systems were not easy to understand and there were some recording errors. Despite this, the final reconciliation figures were correct. The system should be simplified and audits need to be successful in noting the errors to ensure that people's cash continues to be safe (**see area for improvement 1**).

## Requirements

1. By 26 September 2025, the provider must ensure all medication is correctly administered, recorded and stored.

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:

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

## Areas for improvement

1. To support people's wellbeing and confidence, the provider should improve the recording and monitoring of cash and associated records.

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 managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

## How good is our leadership? 2 - Weak

The standard of quality assurance and improvement was weak, with several areas that could lead to poor outcomes for people.

There was no single person who had a clear oversight of all aspects of the service. There were three people who knew many parts, but their information was not always shared or easily accessible. This meant that areas which required improvement were missed, and no one knew about them, or they knew but didn't feel it was their role to progress with them.

A monthly audit folder was in place which should have contained helpful information but it was not being utilised. Learning and improvements were less likely to take place because there was not full understanding and oversight of the whole service (**see requirement 2**).

The manager, and other leaders, were not able to find records easily. If one person has sole access, the service is vulnerable should that person not be available. It is important that all of the records are accessible to all relevant leaders. Examples where people were unable, or did not think about accessing and using records were when a family member asked about their relative's skin condition and no one could tell them

what was happening, and some records that we requested were not being used, and some took several days to be located. This meant people could be receiving poor care and this may not be understood and prioritised for improvement.

There was no system for collating and analysing all of the accidents and incidents which occurred. This meant that triggers, or patterns could not be easily identified and this inhibited thorough investigation and learning to avoid recurrence (**see requirement 2**).

People's wellbeing was compromised because the service was not adhering to legislation and guidance in relation to good communication. Several incidents had happened which should have been notified to the Care Inspectorate and were not. Also there were some which should have been referred to the adult protection team for consideration, and were not. Additionally, there was poor communication with some families and multi disciplinary colleagues, for example care managers. This lack of transparency and discussion with relevant colleagues meant that the people were not benefitting from a range of expertise and ideas to support them with their best life (**see requirement 1**). We discussed this with the manager and shared guidance documents to support them with future timely and appropriate communication.

There was more than one action or improvement plan to try and track what needed to be bettered in the service. This could be confusing because people may look at, or add to, the wrong plan and then other people could miss areas waiting to be progressed. We suggested that one overarching improvement plan would be simpler for people to use (**see requirement 2**).

## Requirements

1. By 26 September 2025, the provider must ensure good communication with all people and organisations who have an interest in supporting people's health and wellbeing.

This should include, but is not limited to:

- a) Families and guardians.
- b) Multi disciplinary colleagues.
- c) Adult protection teams.
- d) The Care Inspectorate.

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:

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12); and

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

2. By 26 September 2025, the provider must ensure people's health safety and wellbeing is supported by effective quality assurance and improvements.

This should include but is not limited to:

- a) At least one leader maintaining clear oversight of all areas of the service.
- b) Regular completion and analysis of the audit system.
- c) All accidents and incidents recorded within a system that enables an explanation, an investigation, and improvements from lessons which are learned to be easily available and understandable.
- d) Improvements planned within a clear system that enables progress to be tracked from start to completion.

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:

'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?

### 3 - Adequate

The staffing arrangements and the way staff worked together were at an adequate level. There were some positive strengths but outcomes for people could be reduced significantly because of weak areas.

It was not evident that best practice was followed when recruiting staff. Not all of the records and checks were available during the inspection, and some had not been received by the service yet. We discussed this with the manager and advised that all recruitment documents should be received and accessible before anyone begins working with people. This would give people confidence that staff who support and care for them have been appropriately and safely recruited (**see area for improvement 1**).

There were enough staff on duty for all tasks to be completed and people to have support as they required it. The staff had time to provide support in a compassionate manner and engage in meaningful interactions with people. A list of who was responsible for what each day, and a checklist to be sure it had happened, was useful to make sure staff were well deployed. These lists were not consistently used so it was not obvious if the staff had been able to achieve all that they needed to each day. This meant people may not have been appropriately supported and the manager may not have known and been able to improve things.

Training was not up-to-date for everyone. We heard from some staff about areas where they did not feel confident in their work. This should be improved so that people can have confidence that staff are trained, competent and skilled (see the existing requirement in the section of this report 'outstanding requirements').

Staff were supported through a number of mechanisms. One of these was the community meetings. These were a forum for everyone to get together and chat, and we were told that good discussion and ideas were had. We discussed the method and amount of recording for these meetings and recommend it changes so that people can look back and see what was discussed and agreed. This would make it more likely that good ideas for improvements become embedded and of benefit to people. There were plans for a continuous cycle of support and mentoring for all staff and this should be enacted and embedded. This would lead to an improved support system for people as staff would be reaching their potential.

## Areas for improvement

1. To protect people the provider should ensure no person begins work until all recruitment documents have been received and checked.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

## How good is our setting?

### 3 - Adequate

Peoples facilities in and around their home were adequate. There were clear strengths and also some weaker areas that could lead to poor outcomes for people.

The size of the houses, garden and day facility were suitable for the number of people being supported. Generally, areas were neat, tidy, safe and secure. There were areas such as the main house stair carpet which were a little stained but this was an area of heavy use so cleanliness will be an ongoing issue. We mentioned this to the manager who assured us they do clean it regularly.

The storage areas in the garden were quite full, so care needs to be taken that these do not overflow and impact on the safety and enjoyment of the general garden areas.

Within the main house there were some areas that the manager knew needed attention, for example one of the resident's bedroom decoration and a missing fridge handle. We discussed the need to keep these up to standard, and were told these environmental frequently needed attention. We advised that these should be attended to as soon as possible as the environment must be looked after with well maintained furnishings and equipment.

The day provision had been recently refurbished and was mostly clean and tidy. There were some pencil marks on the walls which marked areas for work during the refurbishment and these should be taken off or covered up, so that all areas are attractive to use.

## How well is our care and support planned?

### 2 - Weak

Assessment and care planning was at a weak level, with some strengths and also some areas that need to improve.

Everyone had a One Plan in place which should guide staff to help them know the person and understand their support needs. Unfortunately, they were not all up-to-date, for example one had incorrect information about a physical restraint and another had an out-of-date description about a person's relationship with their family. This incorrect information could lead staff to misunderstand people and to not interact in the most supportive manner with them.

Another weak area in the One Plans was a focus on what people might do that was not desirable, but no clear instructions on how to deal with this and what staff should do. The plans need to explain fully what action to take when things are not going well. Two examples where this was not clear were, one person who had problems with their skin and the staff did not know what treatment was happening, and an instruction for people to spend time in their room if they were distressed with no guidance on how or when to support



them back into the social areas again. This lack of description could result in uncertainty and inconsistency from staff which is not helpful for people (**see requirement 1**).

The One Plans had some terminology and guidance from the Behavioural Support Strategies (BSS) on which some staff had received training. However, we were told by the manager that the service was no longer using BSS. We discussed this and advised that the manager must be sure the plans are specific about any form of restraint which may be used. In order to keep people safe, the plans must be clear about what staff should or should not do when people are distressed (**see requirement 1**).

It was unclear from care records whether or not people had been referred to multi disciplinary colleagues such as the continence advisor or psychology services. There had been clear advice from the Aberdeen City Health and Social Care Partnership that the manager of the service should take responsibility for making referrals when they have been discussed as being helpful. It is important for people to get multi disciplinary input as soon as practical so that improvement to their health and wellbeing can be achieved. In order to be sure that referrals are made timeously, the manager should use the specific appropriate referral form and ensure a copy is kept for easy follow up (**see requirement 1**).

One family was very unhappy with the contact and relationship from the service. A different person had conflicting ideas in their plan, and in staff opinion, about how they should have family contact (or not). The service must be clear about how everyone can be supported to maintain good and meaningful contact with family and guardians, and this should be reflected throughout the plans so that all staff can understand and offer appropriate support (**see requirement 1**).

The people have a lot of activity in their days, and sometimes have ups and downs with their emotions. It is important that information about this is readily available to all staff. Sometimes staff do not hear about things until the weekly meetings and that might preclude people from getting appropriate support in the meantime. There was a system for recording such information daily but it was not well used. We discussed this with the manager and they agreed that the daily notes need to be improved.

The One Plans were not up to date. One Plans must be audited and updated to make sure all information is relevant and correct (**see requirement 1**).

## Requirements

1. By 26 September 2025, the provider must ensure people are supported by staff who can access full and accurate information about all their care and support needs and wishes through accurate One Plans.

This must include, but is not limited to:

- a) Compassionate and clear guidance in relation to any response to distress, including restraint.
- b) Sensitive and practical information about how to support meaningful relationships, for both the person and the staff, with family members.
- c) Up-to-date information about all contact and guidance from multi disciplinary colleagues.

This is to comply with Regulation 4(1)(a)(Welfare of users) and 5 (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which 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 requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 28 March 2025, the provider must ensure people benefit from a well led staff team.

To do this the provider must, at a minimum:

- a) Ensure leaders at all levels empower staff to support people, through a collaborative approach to planning and delivering care and support.
- b) Ensure leaders actively listen to staff, and respect, and respond to different perspectives.

This is to comply with section 7 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 use a service and organisation that are well led and managed' (HSCS 4.23).

**This requirement was made on 6 February 2025.**

#### Action taken on previous requirement

Each person had been allocated a mentor who met with them regularly and some staff appreciated this and some found it unhelpful. This could be a good system and the service needs to be sure it works for everyone so they must listen and respond to all views.

Staff had told us and the leaders about their individual views in relation to how they were getting on at work and whether they felt valued. Staff had also been honest with the manager about their feelings of safety at work, and whether people were being supported in the best way. This had not led to changes that helped staff to feel better, so the service needs to be sure that it is valuing all views and perspectives enough for changes to be made.

The service undertook a survey of co-workers views and this was reviewed by a member of the Board of Trustees. Later the findings were discussed at a co-worker meeting and an action plan for improvements drawn up. The improvements are yet to be implemented.

Residents have been allocated key workers and the intention is that they will have a collaborative role in maintaining knowledge about people's wishes and up to date support plans. This is yet to be embedded.

This requirement is not met because although steps have been taken, these are yet to be embedded and show good effect.

This requirement had not been met and we have agreed an extension until 26 September 2025.

**Not met**

## Requirement 2

By 28 March 2025, the provider must ensure that people's health and wellbeing benefits from staff practice being informed by accurate information.

To do this the provider must, at a minimum:

- a) Ensure accurate information about how people express their emotions is recorded by the service, and appropriately shared with other professionals, families and guardians.
- b) Ensure this information is discussed with all staff, leading to a recognition of a change in support needs.
- c) Ensure any identified development or training needs are implemented and the impact on people's care, health and wellbeing is evaluated.

This is to comply with Regulation 4(1)(a), (b) and (c)) and 5 (2) 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 am recognised as an expert in my own experiences, needs and wishes' (1.9); and

'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 requirement was made on 18 November 2024.**

### Action taken on previous requirement

Action taken was not apparent and had not resulted in families and professionals being satisfied about whether information on people was appropriately shared. One person had nine incidents that had not been shared appropriately with the Care Inspectorate. A care manager told us they did not receive prompt communication about incidents that have happened and what action was being taken. One family told us that they had not been aware of the serious nature of their relative's distress. A different care manager told us they had concerns regarding no communication about a proposed move so had been unable to give their professional views. They also said they had advised input from the speech and language therapist and this had not been acted on. People who had changes in their health had not been referred for multi disciplinary help. This means that the service and the residents have less ideas and options discussed to help them.

As discussed in the section 'How well is our care and support planned?', the care records are not consistently up-to-date.

As discussed in the section 'How good is our staff team?', the staff training was not up- to-date and important training had not been completed.

This requirement had not been met and we have agreed an extension until 26 September 2025.

**Not met**

### Requirement 3

By 28 March 2025, the provider must put in place a plan that will ensure staff changes, and in particular the annual change of foundation year co-workers, are managed in a way that supports consistent care and people's health and wellbeing.

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:

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

**This requirement was made on 18 November 2024.**

#### Action taken on previous requirement

An induction plan for new workers, including training and reading, had been drawn up. This did not contain all the relevant advice and documents as some links to access them were empty. Care will need to be taken to ensure all workers complete it soon after they are in post. Workers will need the opportunity to relate training and reading to the people they support in a meaningful way, and to link it with the One Plans before they work independently.

There was not information available on how stability will be maintained in the first few weeks of the annual changeover of foundation year co-workers, and how the people living in the care home will support with, and be supported through, this significant transition.

This requirement had not been met and we have agreed an extension until 26 September 2025.

**Not met**

### Requirement 4

By 28 March 2025, the provider must ensure that all information is accurate on the Care Inspectorate register. This should include, but is not limited to, the Whole Time Equivalent staffing number and the day provision part of the service.

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:

'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This requirement was made on 18 November 2024.**

## Action taken on previous requirement

The required updates have been made.

This requirement has been met.

## Met - within timescales

### Requirement 5

By 28 March 2025, the provider must ensure there are enough skilled staff at all times, to manage all situations safely and effectively.

To do this the provider must, at a minimum:

- a) Maintain a staffing tool that reflects the needs of each individual person and the group as a whole, over the whole year period.
- b) Ensure that all staff are adequately trained to meet all support needs of all residents over any 24 hour period.

This is to comply with section 7 and 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' (3.14).

**This requirement was made on 18 November 2024.**

## Action taken on previous requirement

A staffing tool has been developed and now needs to be embedded in to continuous use.

Training is not up to date for everyone, notably the training on Non Violent Communication, Supporting Challenging Behaviour, Fire safety and Infection Prevention and Control. Not all staff said they felt skilled for the work they did, in particular in times when people were distressed. Staff felt they did not feel well skilled in the areas of challenging behaviour, what triggers people, how to relate to people. This meant that people would not benefit from calm and skilled support when they needed it.

This requirement had not been met and we have agreed an extension until 26 September 2025.

## Not met

### Requirement 6

By 28 March 2025, the provider must ensure the environment is safe for all people, and meets the requirements for the condition on their registration to be met.

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

- a) The hot water and hot surfaces in the day provision are suitably regulated.

b) The entrance to the day provision is fully accessible.

This is to comply with:

Regulation 10(1)(A) (Fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure the environment is consistent with the Health and Safety Executive guidance (Health and Safety in Care Homes published by the Health and Safety Executive 2001).

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 5.19); and

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

**This requirement was made on 18 November 2024.**

#### Action taken on previous requirement

The hot water and surfaces, and the access in the day provision have been upgraded.

This requirement had been met.

**Met - within timescales**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## 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?	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?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak



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