

Castlehill Care Home Care Home Service

Caulfield Road North
Cradlehall
Inverness
IV2 5JU

Telephone: 01463247050

Type of inspection:
Unannounced

Completed on:
9 May 2025

Service provided by:
Simply Inverness Ltd

Service provider number:
SP2019013321

Service no:
CS2019375425

About the service

Castlehill Care Home is registered to provide a service to a maximum of 88 older people. The provider is Simply Inverness Ltd. The home is a three storey building, situated on the south east outskirts of Inverness.

Residents had spacious bedrooms with en-suite facilities. There were a number of comfortable lounge / dining rooms on each floor where people could eat together or spend time with other residents or visitors. There were facilities on each floor where people who lived in the home, or their visitors, could make tea, coffee and some snacks. There were rooms on the upper floors with access to a private balcony, and some rooms on the ground floor opened onto a private patio in the enclosed courtyard. People could access the garden and the ground floor via the elevator or stairs.

There were on-site laundry and kitchen facilities; most meals are freshly prepared on-site. A hairdressing service was also available to residents. At the time of the inspection there were 62 people living in the care home.

About the inspection

This was an unannounced inspection which took place over 8 days between Sunday 27 April and Wednesday 7 May 2025.

The inspection was carried out by six 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 28 people living in the care home, and 20 relatives either in person or via telephone.
- Spoke with 29 staff and management, including domestic, agency and staff from other care homes within the group.
- Observed daily practice and routine activities.
- Reviewed key documents, including staff records, care plans, medication records, and fluid analysis.
- Spoke with four visiting professionals.

Key messages

- Staffing levels and skill mix were not sufficient and people's basic care needs were not always being met.
- There were concerns about areas of staff competence in moving and handling practice which put people at risk of harm.
- Food was generally of a good quality but people did not always receive the right support to help them eat and drink.
- Opportunities for meaningful activity and interaction with staff were very limited.
- Key areas of practice such as supporting people with medication, stress and distress, ensuring people had timely access to routine healthcare and maintaining people dignity were inconsistent and needed to improve.
- Leaders did not always take appropriate action when concerns were raised about people's health and welfare.
- People's preferences were not always known to staff and their wishes not always respected.
- Care plans did not inform staff practice and did not accurately reflect the care and support experienced by people who lived in the service.
- We took enforcement action to require the provider to improve the quality of people's care. Please see the service's page on our website for more information.

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?	1 - Unsatisfactory
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

1 - Unsatisfactory

We evaluated this key question as unsatisfactory. This was because we found major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people.

We saw some kind, warm and compassionate interactions between staff and residents, however, this was not the norm. We saw frequent instances where staff did not recognise when residents needed assistance, for example, with hand hygiene or to go to the toilet; and we saw some instances where staff ignored people who clearly needed support, for example, to eat their meal or to have a drink. One relative told us that they raised concerns with the management team regarding staff not supporting their relative to eat. Another relative was left distressed when seeking assistance for their loved one, they told us: 'found an agency staff member, they were on their phone and just shrugged when I asked for assistance. A couple of times there's been no sheets or anything on the bed, and recently my relative was taken to the toilet and placed on a toilet which was covered in faeces, it's quite distressing'.

We observed people seated in lounges in front of TVs that no one was watching and no staff presence to initiate conversation or interaction. When staff were present, there was little meaningful interaction with residents. This can leave people feeling invisible and devalued, leading to increased isolation and feelings of helplessness which has the potential for psychological harm to people. A relative we spoke with said, 'There is no stimulation for residents at all and this impacts negatively on their cognitive decline'.

Throughout our inspection visit we saw people wearing stained clothing and some people were still in their nightclothes mid-morning. One of the relatives said their relative, 'was always in dirty clothes'. This impacted negatively on people's dignity and sense of self. One relative spoke to us about regularly having to clean their relative's hands when they came in to visit.

People's known preferences were not consistently respected and staffing decisions did not take account of these. For example, one evening we observed one floor was staffed with all male carers. This resulted in an easily avoidable episode of distress for one of the female residents whose personal plan specified personal care by female carers. This meant that people's views, choices and preferences were not considered in the provision of care and support, nor were they embedded in day-to-day practice. Care and support was oftentimes delivered around staff routines and tasks with little regard for individual needs and wishes.

People were not consistently or adequately supported to eat or drink. For example, we observed people waiting many minutes for staff to support them with their main meal which was by then cold and unappetising. From our observations we saw people asking for a drink and being ignored. Juice and water were available in lounges and in bedrooms but many people were not able to access this independently. Fluid records did not record a daily target for people being monitored and we found the recording of fluid being taken was not reliable, therefore, it was difficult to assess if people were adequately hydrated. Inadequate hydration could negatively impact people's appetite, physical and cognitive functioning.

We observed instances of poor moving and assisting practices where staff were using unsafe moves to support people to mobilise. Assessments for equipment to support people to mobilise safely were not always completed or not available. This meant that some people were at risk of injury from inadequate and inappropriate support.

Continence was not promoted well. People told us that call bells were not always responded to promptly and they waited long periods of time for assistance to enable them to go to the toilet. One relative told us that calls for assistance takes so long that their loved one had urinated before assistance came and this was distressing for them. She said their relative 'is a high falls risk and has had a number of falls when they tried to get to the toilet by themselves'. We noted continence assessments had not been completed or reviewed for all those who required them. Staff were inappropriately sharing continence products between residents. Continence products must be used solely by the person they were prescribed or provided for to maintain dignity, hygiene and prevent cross-contamination and so that people have the right product to support their continence.

Several residents spoke about the lack of continuity with staff. One resident said they found the continuous staff changes difficult to deal with. This was compounded by the large number of staff not wearing name badges. This made it difficult for residents and relatives to identify who they were interacting with. Wearing a clearly visible name badge helps orientate people, and supports staff accountability. **(See area for improvement 1).**

During the inspection NHS vaccinations team were in to administer vaccines for residents, but were hampered in their work as the authorisations were not all in place. For example, capacity certificates were out of date, copies of power of attorney or guardianship orders were missing. This meant that only a few people who lacked capacity to consent, could be vaccinated. This left vulnerable people open to serious risk of illness and/or infections which have the potential to be fatal. **(See area for improvement 2).**

The management and recording of medication was inadequate. The service had recently moved from a paper based recording system to an electronic one, however, in some instances both were being used. We noted inaccuracies in recording practices for both systems and several instances of missed medication or medication administered out with the prescribed timeframe. For example on the last cycle for the paper based system some gaps were noted and missed doses with no notes to explain the reason for these. There were occasions noted during which medication was not administered because it was recorded as 'out of stock'.

Under the new digital medication management system, we observed that several issues noted with paper based system persisted, for example, medications being out of stock. A random sample of medication showed inaccuracies in the medication count. This meant that medication administration or missed medication was not always recorded accurately. We discussed our concerns about the reliability of medication recording with the service and were advised that the issues were related to the new system bedding in and staff not yet fully trained in how to use it. The issues identified increased the risk of medication errors which could seriously compromise the health, safety and wellbeing of people. **(See requirement 1).**

As the service is performing at an unsatisfactory level, we were concerned about the welfare, health, and safety of people. The inspection highlighted crucial weaknesses in key aspects of the service which significantly affected the care that people received.

In addition to the requirements made in this report we directed the provider to ensure safe and compassionate care is provided within the improvement notice issued 15 May 2025. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

Requirements

1.
By 25 July 2025, the provider must ensure you keep people safe and healthy by ensuring medication is handled and administered correctly.

You must, at a minimum:

- a) Carry out a medication audit to establish a baseline which identifies what improvements are necessary and implement those;
- b) Ensure that people administering medication are suitably trained and that they have had their competency assessed;
- c) Notify the Care Inspectorate of all medication errors in accordance with the Care Inspectorate's 'Guidance on records you must keep and notifications you must make'.

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), section 53(6) of the Act and section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3.21).

Areas for improvement

1. The provider should ensure that residents, relatives and visitors are able to recognise and easily identify staff working in the service. In particular people who have visual or cognitive impairment should be supported to identify staff who are providing them with direct care and support. The supports should include but is not limited to the wearing of appropriate name badges for staff, and staff verbalising their names so residents are aware of who is supporting them.

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

'I feel at ease because I am greeted warmly by people and they introduce themselves' (HSCS 3.6)

2.
In order to ensure people's health and wellbeing was promoted and protected, the provider should ensure that:

- a) All legal authorisations were in place for people who were deemed to have limited capacity to make decisions, including AWI certificates, copies of Power of Attorney and Guardianship Orders, and a copy of the powers agreed and delegated to the care home;
- b) Review these documents at all future reviews to ensure that these remained in date and valid;
- c) Prompt action was taken where changes in the powers or authorisations were needed or incapacity certificates required to be renewed.

This is in order to be consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS .4.27) .

How good is our leadership?

1 - Unsatisfactory

We evaluated this key question as unsatisfactory. We found major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated.

We saw ineffective management and leadership which placed people's health and wellbeing at risk. Several families reported they were fearful of repercussions, including being served with notice to vacate if they raised valid concerns about the care and support of their loved ones with management. This included concerns about basic care needs and safeguarding concerns and not being informed when there was an incident involving their relative.

Leadership roles had been delegated to nurses and senior carers without adequate support, training and mentoring. This meant that there was ineffective leadership on the floor and little oversight with regards to managing risks safely.

It was not clear if staff had received all appropriate training, if they had, it had not been effective due to the number of practice concerns observed and discussed with the management team. For example, supervision records which showed concerns raised with regards to poor practice but we saw little evidence that this had been followed up and addressed.

Quality assurance and quality audits were ineffective in securing sustained improvements in the service. We could see from the audits, flash meetings and clinical lead meetings that issues were identified, but we could see no evidence that these had been followed up and action taken to resolve or ameliorate issues.

Necessary notifications and records were not being kept or submitted to Care Inspectorate appropriately, including protection concerns.

Daily notes and health information were treated carelessly. For example, we saw several entries in daily notes which were recorded in the wrong resident's notes. This meant that daily notes which inform care and support for people could not be relied on and people were at risk of not getting the appropriate care and support because essential information to inform their care and support was missing or inaccurate. Relatives who had access to daily notes were reading personal and health information they should not have been given access to.

(See requirement 1).

Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected, and their wellbeing improves without delay. The findings from our inspection identified critical failings in leadership in the service which seriously impacted on the experiences and outcomes for people.

As the service is performing at an unsatisfactory level, we were concerned about the welfare, health, and safety of people. The inspection highlighted crucial weaknesses in key aspects of the service which significantly affected the care that people received.

In addition to the requirements made in this report we directed the provider to ensure safe and compassionate care is provided within the improvement notice issued 15 May 2025. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

Requirements

1. By 31 July 2025, the provider must ensure that all data, including people experiencing care and staff's personal data, is appropriately stored and protected.

In particular, but not exclusively, you must ensure that:

- a) There is a review of the current practices, policies and processes relating to the management of personal data and GDPR; and ensure these are fully implemented and monitored in line with current best practice;
- b) That all staff who have responsibility for the management of personal data and have the necessary skills and knowledge to be practicing safely at all times and that they have a clear understanding of their role and responsibilities.

This is to comply with Regulation 4(1)(a) and (b) (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 care and support is consistent with the Health and Social Care Standards (HSCS) which states:

'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions'. (HSCS 4.4).

How good is our staff team?

1 - Unsatisfactory

We evaluated this key question as unsatisfactory. We found major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected, and their wellbeing improves without delay

It was clear that there was insufficient staffing to meet people's needs safely. For example, we saw that people were often still in bed and had not received any personal care late in the morning and were uncomfortable and becoming distressed. Relatives told us that it was not uncommon to find their loved one unwashed and unkempt by midday. One relative said 'I came in to visit just before midday and my (relative) was still in bed, wet and the remains of their breakfast still on the table, and the beakers with juice were dirty.' This presented a risk of infection for vulnerable people due to poor hygiene.

There was significant use of agency staff to supplement staffing levels. The organisation had provided staff from other parts of the organisation to support the home. However, they did not know the residents or their needs well. Communication systems were ineffective in providing staff with the essential information required to care for people in a person centred way, that ensured critical needs were being met. For example how to support people with nutrition or ensuring people were assisted to drink. People's experience of stress and distress were often not recognised or inconsistently supported by staff, and the impact of this on other residents

was not taken account of. Staff were focused on tasks and not the needs of residents, for example, staff focused on delivering meals and not who needed assistance to eat it. Risks from poor positioning or inappropriate moving and assisting were not recognised. This presents high risk of choking or injury to people.

As the service is performing at an unsatisfactory level, we are concerned about the welfare, health, and safety of people. We directed the provider within the Improvement Notice under section 62 of the Public Services Reform (Scotland) Act 2010; on 15 May 2025, to urgently assess the current needs of the people to inform how many staff hours are needed to meet people's needs, and that the skills mix is appropriate to meet the health, safety and welfare needs of people.

For further details of this enforcement see the service's page on our website at www.careinspectorate.com

How good is our setting?

2 - Weak

We evaluated this key question as weak. While we found some strengths these were compromised by significant weaknesses. The likelihood of achieving consistently positive experiences and outcomes for people was reduced significantly because key areas of performance needed to improve.

We had concerns about the cleanliness of the home and we observed poor infection prevention and control (IPC) practices. We found inconsistencies with the standard of cleanliness within the home. For example, some of the rooms and corridors had clearly not been hoovered in a couple of days, some floors were sticky and needed cleaned. Rooms, chairs and carpets throughout the home were starting to look worn, stained and dirty. Throughout the home, some rooms were odorous. This had improved somewhat following deep cleaning of the carpets, but relatives told us rooms were often dirty. We also noted soiled clothes and continence products left on people's floors and furniture.

Food and spillages were often found on the floor, people living with dementia were observed trying to pick up pieces of biscuit from the floor with no staff intervention. This presented a risk of infection for people and a risk of injury from slipping on unsafe flooring. Staff clearly had not recognised the dangers posed, and inspectors had to prompt the cleaning of spillages at times during the inspection.

We observed a discarded meal left in one of the microwaves from a previous day, and in one fridge, a tray of sandwiches, partially covered which should have been used by the previous day. This presented a high risk for contamination which had the potential to seriously impact people's health and wellbeing. **(See requirement 1).**

PPE stations were inadequately stocked throughout the building and hand gel dispensers were regularly empty. New dispensers had been fitted during the inspection, but not all were dispensing hand sanitiser. We saw throughout the inspection, that residents were not supported with hand hygiene before or after meals. This was raised with the management team during our inspection, but this did not appear to have effected a change in practice.

The temperature was not regulated effectively or monitored in the home. Throughout the building, temperatures were recorded in the high 20s and above 30 degrees in some rooms at the start of the inspection. We asked management to ensure there were room thermometers in bedrooms and to monitor temperatures, in order that people at risk were not becoming overheated or dehydrated. **(See area for**

improvement 1).

Requirements

1. By 30 July 2025, the provider must ensure that people's health, welfare and safety are promoted and protected through appropriate infection prevention and control procedures.

In particular, but not exclusively, you must ensure that:

- a) There are trained and competent housekeeping staff on duty in sufficient numbers to complete daily, weekly and monthly cleaning tasks throughout the home;
- b) There is a robust system of quality assurance and oversight; ensuring that measures in place comply with your legal responsibilities around infection, prevention, and control;
- c) Staff responsible for providing direct care to residents have their knowledge of and competency in infection control practices regularly assessed. Where issues with staff knowledge and/or practice are identified, there are clear protocols in place to address these.

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

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

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

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

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure people experienced safe and comfortable temperatures within the home.

In order to achieve this the provider should

- a) Ensure indoor temperatures are kept within a recommended temperature range;
- b) Regularly monitor heating and cooling systems;
- c) Use accessible and accurate temperature monitoring devices to help maintain appropriate climate levels;
- d) Complete risk assessments and regular review for people particularly vulnerable to temperature extremes and implement specific measure for their protection;
- e) Ensure staff are trained to recognise signs of overheating and hypothermia.

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

'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.' (HSCS 5.21).

How well is our care and support planned?**2 - Weak**

We evaluated this key question as weak. While we found some strengths these were compromised by significant weaknesses. The likelihood of achieving consistently positive experiences and outcomes for people was reduced significantly because key areas of performance needed to improve.

While detailed information and guidance were present in individual's personal plans, these were either not known to care staff or not consistently followed in practice. For example, several people who were known to experience episodes of stress and distress, particularly when being assisted with personal care, and had specific strategies documented in their personal plans to help manage these situations. Despite this we observed that these strategies were not implemented by staff, resulting in avoidable and heightened levels of distress for the people involved. This was seen across other essential aspects of care, including oral care and the promotion of hydration and nutrition. As a result, some residents did not receive the appropriate level of support to meet their basic health and wellbeing needs. This indicates a significant gap between care planning and delivery of care and support.

As this was not limited to one issue or one person, it suggests systemic issues with communication, and highlights a need for improved staff awareness, training and accountability in following personal plans.

As the service is performing at an unsatisfactory level, we were concerned about the welfare, health, and safety of people. The inspection highlighted crucial weaknesses in key aspects of the service which significantly affected the care that people received.

In addition to the requirements made in this report we directed the provider to ensure safe and compassionate care is provided within the improvement notice issued 15 May 2025. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

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

To ensure people always receive the right medication or treatment at the right time, the service should ensure, as a minimum:

- a) when people experiencing care are prescribed pain medication, there is a pain assessment and plan in place to fully guide staff on how they are to be supported;
- b) ensure that any 'as required' pain or other medication administered, is evaluated with each person to ensure it is effective and further medical advice sought if not.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

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

This area for improvement was made on 10 February 2025.

Action taken since then

We found there was limited evidence of improvement in this area. Audit of the last cycle on the old system showed several instances of missed medication due to 'out of stock' this meant that people were not getting their medication because these had not been reordered.

Records of efficacy when as required pain medication had been administered were not consistently recorded, and we did not see any evidence that pain assessments had been completed or informed a pain management plan.

This area for improvement is **NOT MET**. We have made a requirement in respect of medication management and administration.

Previous area for improvement 2

To support positive outcomes for people, ensure people's care and support is person-centred and provided in a planned and safe way, the service should ensure, as a minimum:

- a) the care planning process is tailored to a person's care and support needs as well as their interests, abilities, history and personality;
- b) personal plans include outcomes which are important to people;
- c) there are systems and processes in place to ensure important information about people's care and support needs is shared or passed on accurately to the whole team, including new and/or agency staff at all times.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15); and
'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23).

This area for improvement was made on 10 February 2025.

Action taken since then

We found there no evidence of improvement in this area. The service continued to have high levels of agency or staff unfamiliar with people's care needs and how to support them effectively.

This area for improvement is **NOT MET**.

As the service is performing at an unsatisfactory level, we were concerned about the welfare, health, and safety of people. The inspection highlighted crucial weaknesses in key aspects of the service which significantly affected the care that people received. In addition to the requirements made in this report we directed the provider to ensure safe and compassionate care is provided within the improvement notice issued 15 May 2025. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

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?	1 - Unsatisfactory
1.1 People experience compassion, dignity and respect	1 - Unsatisfactory
1.3 People's health and wellbeing benefits from their care and support	1 - Unsatisfactory
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	1 - Unsatisfactory

How good is our leadership?	1 - Unsatisfactory
2.2 Quality assurance and improvement is led well	1 - Unsatisfactory
2.4 Staff are led well	1 - Unsatisfactory

How good is our staff team?	1 - Unsatisfactory
3.3 Staffing arrangements are right and staff work well together	1 - Unsatisfactory

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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