

Mains House Care Home Service

Main's House
Main Street
NEWTONMORE
PH20 1DF

Telephone: 01540 673888

Type of inspection:
Unannounced

Completed on:
11 July 2025

Service provided by:
NHS Highland

Service provider number:
SP2012011802

Service no:
CS2023000319

About the service

Mains House is registered to provide a care service to a maximum of 29 older people, some of whom may require nursing care. The service is provided by NHS Highland.

The home is a three storey converted Victorian hotel situated in Newtonmore. All bedrooms are single occupancy with en-suite facilities. Large assisted bathrooms are available on every floor.

There is a spacious dining room downstairs and a communal lounge on the ground floor. A lift enables people using the service to access the dining room and upstairs bedrooms which is suitable for use by people with disabilities. The home sits within private grounds.

About the inspection

The inspection was carried out by one inspector 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 nine people using the service and seven of their family
- received and reviewed three online survey responses from family/representatives
- spoke with 12 staff, management and received and reviewed five completed online staff survey responses
- reviewed seven completed online surveys from visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- Staff consistently supported people who live in Mains House with care and sensitivity
- People were supported by a team of care staff who knew them well
- People living in Mains House benefited from daily group activities
- There were useful links with outside services such as the General Practitioner
- The management and leadership team had made significant improvements to their quality assurance processes
- People benefited from a team who worked well together
- The service needs to ensure the gender mix of care staff is appropriate at all times
- Internal and external environmental improvements were outstanding and require to be addressed
- The service had made valuable progress to ensure people benefited from personal plans which are regularly reviewed, evaluated, and updated.

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 made an evaluation of good for this key question. We identified a number of important strengths which, taken together, clearly outweighed areas for improvement.

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

People experienced warmth, kindness, and compassion from the staff team and were treated with dignity and respect.

People appeared well cared for. They told us:

"There is good 'craic' with staff... they don't sit outside talking but pop into speak with me."

"I'm well looked after."

"The staff are all great, kind and treat me well."

Relatives echoed these comments, describing the home as welcoming and said:

"They are not frightened to offer a hug and always available to talk."

"My loved one is very well cared for and looked after."

"The staff are simply amazing."

"The staff are very selfless and kind and patient."

Families felt they were well informed about changes to their loved ones' health and their views were sought about actions needed to address any concerns.

People were supported to move around the home safely. Staff were encouraging and supported people at their own pace. Moving and handling risk assessments were completed which helped identify potential hazards, evaluate the risk of injury, and offer safe and effective care to people.

However, during the inspection, an individual was found to have bruising which had not been noted by staff and could not be explained. Although the managers and staff took immediate action to review staff practice and highlight these concerns with social work and the GP for follow up, we have made an area for improvement. **(See Area for Improvement 1).**

Mealtimes were sociable and relaxed, held in a pleasant, spacious dining room. Meals were of a good quality. People were offered choice. Their preferences were respected and understood by the chefs because there was effective communication about people's dietary needs. Staff were confident in supporting people to eat and drink well and chatted with warmth. All these findings provided assurance that everyone had access to a varied, well-balanced diet.

To ensure people were hydrated well, people were offered drinks throughout the day and at mealtimes.

However, recording of fluid intake was not consistently completed properly. This meant people may not reach their fluid goals which could lead to dehydration and poor health.

An area for improvement was made at the last inspection to ensure fluid charts were completed correctly. Limited progress had been made to address this. However, during the inspection we saw that people consistently had a drink nearby and were offered fluids.

We have repeated this area for improvement to ensure accurate fluid intake records are maintained. **(See 'What the service has done to meet any areas for improvement we made at or since the last inspection' and Area for Improvement 2).**

To support people's health and wellbeing, people could enjoy activities every day including a pre-lunch exercise session, trips out and regular walks to visit the local high street. Birthdays and special events were celebrated. Where people were unable to participate in these activities, the activities lead took time to read the daily paper with them. However, there was limited access to the outdoor areas of the home for walks and fresh air. See section 'How good is our setting.'

Concerns about people's health and wellbeing were referred to local health/social care professionals, such as social work, dietician, and general practitioner, who met with the team weekly to discuss any concerns about people's health. Their advice was acted upon, and details of their input documented. This provided confidence that everyone involved in people's care worked well together.

There was an effective medication system to ensure people's medical needs were met. Records confirmed that people were receiving their medication as prescribed. Staff completed training and administration of medication followed good practice guidance. Their practice was audited routinely. This provided assurance that well trained staff administered medication.

Areas for improvement

1. To ensure people living within the service can be confident that staff have the necessary training, skills, and competence to provide safe care and support, the service should ensure:

- a) all staff, including new staff are provided with the necessary skills, knowledge, and competence to recognise and take prompt action in the event of any unexplained bruising to a person's skin;
- b) all staff understand their role in adult support and protection; and
- c) where there are indications of poor practice, this is recognised, and prompt action is taken to address this.

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

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

2. To ensure people's health and wellbeing benefits from the best diet for them, the service should:

- a) ensure people always receive the right support to eat and drink;
- b) where people are at risk of dehydration, fluid balance charts are accurately maintained;
- c) appropriate action is taken when people have not met their fluid intake target; and

d) regular and effective audit is undertaken to ensure standards in care planning and documentation are maintained.

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

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

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.' (HSCS 2.11)

How good is our leadership?

4 - Good

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

Quality Indicator: 2.2 Quality assurance and improvement is led well

It was positive that the management and leadership team had been strengthened with the appointment of two deputies and sufficient senior care workers. This team were all engaged in quality assurance activities. For example, leading on monthly audits of record keeping in relation to oral health, completion of people's repositioning charts, skin care products, and infection prevention and control.

However, actions arising from quality assurance processes were not always sufficiently detailed to highlight any improvements needed and inform the manager's 'quality improvement tracker.' There was a risk that actions needed would be missed and not addressed which could impact on people's care. We discussed this during the inspection and agreed that further training was required. This will be followed up at the next inspection.

Following an adverse incident, such as a fall or where someone had experienced stress and distress, there was sufficient evidence recorded about what preventative actions were needed for the future. However, there was a need to ensure the correct and timely notifications are submitted to the Care Inspectorate (CI). These notifications provide an opportunity for the CI to ensure appropriate action has been taken. **(See Area for Improvement 1).**

There was clear feedback from relatives that people feel confident giving feedback and raising concerns because they knew this is welcomed. The service had not received any formal complaints and where relatives raised informal concerns, these were followed up effectively and efforts made to promote future communication. It was positive that the service had sought the views of people experiencing care in Mains House. We discussed ways to make sure the outcomes of this exercise led to improvement and people could be confident that their views had been considered.

Relatives said staff were quick to contact them about any changes in the health or an incident affecting their loved one and said:

"My loved one has deteriorated a great deal lately and they always seem to pick up when I'm struggling with how (my relative) is."

"I probably phone more than locals as we live a distance away. I'm never made to feel like an inconvenience."

"The manager is very approachable and will listen. Same for the deputies."

It was evident that the manager and the team had worked hard to ensure quality assurance activities were consistently undertaken to support continuous improvement. Whilst some further improvements were needed, we were confident that the team will address these. They demonstrated a clear understanding of their role in monitoring practice and supporting quality assurance activities. We encouraged the manager to undertake self-evaluation. This will provide the service with an opportunity to evaluate how good they are and what needs to improve and lead to better outcomes for people who experience care in the future.

Areas for improvement

1. To achieve the best outcomes for people and to meet service users' health, safety and wellbeing needs comply with legal responsibilities, the service should:

a) ensure the timely and correct submission of notifications to the Care Inspectorate are made in accordance with the Care Inspectorate's notification guidance for adult care services, March 2025.

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

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

'If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies.' (HSCS 3.24)

How good is our staff team?

4 - Good

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

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.

Visitors and people living in the care home and staff benefited from a pleasant atmosphere because there were effective working relationships between care staff, senior carers, and the management team. This meant visitors felt welcomed and described an atmosphere of warmth from the staff team.

Staff were very positive about working in Mains House and felt supported by each other and the management team. Staff worked well together to the benefit of people experiencing care. Staff spoke favourably of their teamwork; comments included:

"Staffing levels are not too bad. The staff team work well together on the whole."

"Everyone gets along, it's a great team and that makes it a good place to work."

Motivated staff and good team working meant that staff took their time with people, providing well-paced care and support. Housekeeping and kitchen staff who were not involved in direct care, were recognised as playing a key role in building the staff team too. It was evident that the whole team had formed strong, trusting relationships with people living in Mains House.

During the inspection, we looked at whether the right number of staff with the right skills were working at all times and how staffing arrangements were determined.

Some staff had been working at Mains House for many years which meant when new staff joined the service, they benefited from the support of experienced care workers to support them. However, maintaining staffing levels was a challenge and agency staff were still required to cover current vacancies. These agency staff were well known to Mains House which meant continuity of care was maintained by staff who people knew.

Some relatives felt staffing levels at weekends were a concern. It was positive that since the last inspection, a deputy manager was on duty every weekend. This provided valuable senior support to the care team. We also saw staff availability on the ground floor during the day had improved. This meant there was sufficient staff available on the ground floor to support people and keep them safe during the day, when it was busy with residents.

Safe staffing procedures also need to consider the skill mix of staff, and how they are deployed over the three floors to ensure the best possible outcomes for each individual. Some residents, their relatives, and staff raised concerns about the high ratio of male to female care staff on duty at times, especially during the night.

During a review of the night staffing rota we could see there were times when there was one female carer present in a team of five. This was having an impact on the workload of female care staff if they were required to support a colleague during intimate care of a female resident. We discussed the importance of an appropriate gender mix, as well as skill mix, to ensure the rights of people are respected, without being discriminatory.

How good is our setting?

3 - Adequate

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

Quality Indicator: 4.1 People experience high quality facilities

People living in Mains House benefited from a comfortable and homely setting over three floors. The environment was clean, airy and in the majority of areas smelled fresh. Housekeeping staff were diligent in their cleaning. We saw completed records evidencing the cleaning undertaken by the team.

Repairs and maintenance were addressed effectively, including fire safety and water temperature checks to keep people safe. This meant people benefited from living in a safe environment. Staff were up-to-date with the fire safety.

Furnishings in the communal areas were in good condition and clean, curtains and the dining room was a pleasant area to socialise and eat. Assisted bathrooms and toilets were in good condition. People's bedrooms had been individually decorated to their choice.

Individuals could choose to use indoor private and communal areas and had the right to privacy when they wanted. Mains House offered pleasant, well-furnished accommodation. There was evidence of intrusive smells in some areas, despite regular efforts to deep clean. To address this, the carpeted flooring needed to be replaced.

People who spend time in their rooms appeared warm and comfortable. However, the internal and external aspects of the building were worn and damaged in places. For example, the carpeted flooring was threadbare throughout the communal areas and was a potential trip hazard. The paintwork was damaged and flaking in many places, which makes it hard to keep clean and a potential infection control risk.

An audit of the internal setting had been completed earlier this year to review if the environment was dementia friendly. However, there was an absence of any clear actions arising from this to inform the manager's service improvement plan. This meant it was not clear if any improvements were being made as an outcome of the audit. **(See Requirement 1).**

People and families raised concerns about the front garden, which was not safe, due to uneven paving slabs. Similarly, the grassed area at the back of the building was not suitable for a wheelchair or mobilising due to the uneven surface. As a result, the outdoor space was not used to its potential and was not freely accessible to people. This limited people's opportunity for fresh air and exercise.

The service had identified areas for future improvement, which included improvements to the front and rear garden areas. However, these works have been planned for many years, with insufficient progress made. We have therefore made a requirement to address the concerns highlighted above and ensure the quality of both the indoor and outdoor setting is improved.

(See Requirement 1).

Requirements

1. By 31 January 2026, the provider must ensure Mains House is a safe and well-maintained setting for the people who live there, both indoors and outside. To do this, the provider must ensure, as a minimum, but not limited to:

a) any planned environmental improvements should take account of good practice guidance such as the 'King's Fund' tool for people living with dementia;

b) this guidance is used to inform a detailed service improvement plan which includes:

- a plan for access to a safe outdoor space in the near future;
- actions required, dates when planning to achieve them by, who is involved;
- regular evaluations of progress;
- any delays in carrying out actions and identify what the next step is to address any delays; and

c) ensure people living in Mains House, and/or their nominated representative and staff are involved in decisions about the improvements in ways which are meaningful to them.

This is to comply with Regulation 10 (2) (a), (b) and (d) (Fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.

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

'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1); and

'If I live in a care home, I can use a private garden.' (HSCS 5.25).

How well is our care and support planned?

4 - Good

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

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

At the last inspection, there were concerns about the quality of information in people's support plans, in relation to legal documentation and record keeping. See section, 'What the service has done to meet previous areas for improvement' made below.

As part of this inspection, we reviewed care plans and completion of associated records, for example, the recording of people's daily skin care. Recording of medications used to protect people's skin, such as barrier creams were well documented. Similarly, where an individual was unable to move independently in bed, records clearly evidenced that staff supported people to change their position regularly.

Nutritional risk assessments were in place and completed consistently and found to be up-to-date. There was evidence that concerns were identified promptly, and appropriate referrals made to a dietician. Following a referral there was good, detailed information within people's nutrition care plans about their specific needs. There was evidence that the chef had been informed of any changes, for example, where someone required a fortified diet. We discussed the need to consider the risk of choking as part of their nutritional risk assessment process. The provider confirmed this was currently work in progress, to be followed up at the next inspection.

Where people were at risk of falls, the service reviewed any falls that occurred, so that learning was identified to prevent a future fall were being introduced. People's falls risk assessments were up-to-date. These helped to inform people's care plans about how to reduce a person's risk of falling.

People's care plans were sufficiently outcome focused, which meant, people and/or their representatives were given a say in what they wanted from their care and support. For example, their preferences for frequency of bathing or showering, the use of restrictive measures such as bed rails and gender of the staff member providing their care and support.

However, some care plans lacked detail about what is important to people. Where a person was living with dementia, care plans should provide guidance about triggers for anxiety and stress.

This may be a small but significant aspect of people's routine or unique history which could have influence and reduce the risk of experiencing stress and distress.

Finally, it was positive that families confirmed they had been involved in a recent review of their loved one's personal plans and found these reviews were very useful.

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

So that people living in the service experience the right care and support and the manager can identify if staff require further support to complete documents correctly, the manager should have oversight of and ensure, at a minimum, but not limited to:

- a) Full instructions are recorded on people's topical medicine administration recording sheets, including accurate body maps of where medicines are to be applied, the frequency of application, updated records to show the most current prescription and ensure staff are signing and dating to say when this has been carried out.
- b) Fluid charts have daily fluid intake goals clearly identified, staff document daily the sum of fluids taken, sign to say when fluids have been taken and record next steps if fluid goals are not being reached.
- c) Staff are recording people's outcomes on the designated area in each paracetamol medication administration recording sheet, with a reference to what action was taken if the desired effect was consistently not being achieved.
- d) The documents mentioned above are included within the service's regular quality assurance processes.

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

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

This area for improvement was made on 24 May 2024.

Action taken since then

The service had continued to make sound progress in this area with the exception of fluid balance records.

See sections 'How well is our care and support planned?' and 'How well is our care and support planned?' above for further detail.

In conclusion, this area for improvement has been Met.

Previous area for improvement 2

To ensure people living in the service benefit from a culture of continuous improvement, the manager should further develop the service's quality assurance processes to include, but not be limited to the following:

- a) Overview sheets that are part of the audit process should contain all relevant information, specifically, relevant staff training completed on individual digital accounts is included in the overview sheet.
- b) An overview sheet to identify which care plan audits have been carried out each month.
- c) Action plans result from each overview.
- d) As appropriate, people experiencing care, their nominated representatives and staff are involved in discussions about quality assurance and their views help to inform action plans.
- e) As a minimum, action plans record the date, the action, who is responsible, a timeframe for completion and what the outcomes were.
- f) Relevant action plans should be available to staff so that it is easy for staff to know what is expected of them.
- g) The action plans and a self-evaluation, which includes hearing people's views, informs the wider service improvement plan.

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); and

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

This area for improvement was made on 24 May 2024.

Action taken since then

The senior team were all engaged in quality assurance activities. The manager had developed a quality assurance 'tracker' to monitor outcomes of the audits undertaken.

However, actions arising from quality assurance processes were not always sufficiently detailed to highlight any improvements needed. There was a risk that actions needed would be missed and not addressed which could impact on people's care.

We discussed this during the inspection and agreed that further training was required.

We were confident that the management team would continue to make improvements to their quality assurance processes.

In conclusion, the area for improvement has been Met and we will be expecting to see evidence of continued improvements at the next inspection.

Previous area for improvement 3

So that people experience an environment that is well maintained the service should progress the environment improvement plan to include, but not be limited to, actions required, dates when planning to achieve them by, who is involved and have regular evaluations of progress.

The plan should explain any delays in carrying out actions and identify what the next step is. The service should update people living in the service, their nominated representative and staff on the progress of the environment action plan.

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).

This area for improvement was made on 24 May 2024.

Action taken since then

The service had made limited progress in this area. The area for improvement has Not been Met.

Please see section above, 'How good is our setting?' and Requirement 1.

Previous area for improvement 4

To support positive outcomes for people who use the service, the provider should continue to sustain the improvements made in care planning and related documentation. This should include:

People's one page profiles being signed and dated and being part of the reviewing system.

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 24 May 2024.

Action taken since then

The service had continued to make sound progress in this area. People's care plans were up-to-date, care plans were outcome focused. See section 'How well is our care and support planned?' for further detail.

In conclusion, this area for improvement has been Met.

Previous area for improvement 5

People's human rights should be promoted and protected at all times. When restrictive practices are being considered the following documentation and processes should be in place:

- a) A copy of appropriate legal documentation in the care plan.
- b) Evidence that the restrictions are the least restrictive.
- c) Evidence that the person has had support to understand why restrictive practices are in place.
- d) Clear details in the person's care plans of what the restrictions are and when they will be reviewed.

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

'If my independence, control and choice are restricted this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

This area for improvement was made on 24 May 2024.

Action taken since then

During the inspection it was evident that a number of people had bed rails in place to reduce the risk of a fall from their bed. Floor sensor mats were also used to alert staff where an individual was at serious risk of falling in their room. These restrictive measures were informed by appropriate risk assessments. Where an individual was living with dementia, these included confirmation that a person's family/legal representative had consented and understood why restrictive practices were required.

During the inspection, we saw evidence that consent has been obtained in every instance. We discussed the need to ensure this information is included within people's one page profiles.

Moving forward, as part of a person's annual review, the continued use of restrictive processes should be discussed and documented to ensure they remain appropriate.

In conclusion, this area for improvement has been Met.

Previous area for improvement 6

To support positive outcomes for people who use the service, the provider should continue and sustain the improvements made in care planning and related documentation.

To achieve this, the service should ensure as a minimum, but not limited to:

- a) People's support plans and one page profiles are always signed and kept up-to-date.
- b) Where people are at risk from dehydration, fluid balance charts are accurately maintained.
- c) Regular audit is undertaken to ensure standards in care planning and documentation are maintained.

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 24 May 2024.

Action taken since then

People's support plans were up-to-date and one page profiles were signed and dated. They provided valuable insight into individual's health and emotional background and included, in most instances, what was important to their care and support needs.

Regular monthly audit was being undertaken which aimed to maintain standards in care planning and documentation. Despite this audit process, the fluid balance charts were not accurately completed and will be included within a new area for improvement under section, 'How well do we support people's wellbeing'?

See also section above 'How good is our leadership'?

In conclusion this area for improvement has been closed and the area for improvement will be followed up at the next inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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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