

## Turning Point Scotland Elgin Housing Support Service

Greyfriars Close  
Elgin  
IV30 1ER

Telephone: 01343 556 466

**Type of inspection:**  
Unannounced

**Completed on:**  
25 July 2025

**Service provided by:**  
Turning Point Scotland

**Service provider number:**  
SP2003002813

**Service no:**  
CS2004061448

## About the service

Turning Point Scotland Elgin provides a care at home and housing support service for adults who have learning disabilities who live in individual flats or bungalow accommodation within Greyfriars Close and in their homes in the community. Greyfriars Close is a purpose-built unit, with each flat having a bathroom with a bath or shower. There are communal sitting rooms, dining room, kitchen, and laundry facilities. An adjacent bungalow provides two single bedrooms with a shared bathroom, kitchen and sitting room. The premises are situated in the centre of Elgin.

## About the inspection

This was an unannounced inspection which took place 15 and 16 July 2025. Two inspectors carried out the inspection. To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluations we:

- Spoke with four people using the service.
- Four families.
- Eight staff and management.
- Received questionnaires from five people using the service or their representative and six from staff.
- Observed practice and daily life.
- Reviewed documents.

## Key messages

- People were, on the whole, happy to be living at Greyfriars.
- Staff knew people well and worked hard to support people.
- There were a significant number of staff vacancies, which were affecting the service.
- At times, people were not receiving their hours of support.
- People were sometimes not given the opportunity to engage in meaningful conversation and activities.

## From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	2 - Weak
How well is our care and support planned?	3 - Adequate

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

## How well do we support people's wellbeing?

## 3 - Adequate

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

People received support from staff who knew them well and people were mostly happy with the care and support they received. People had their own flats or rooms which were personal to them and reflected their individuality. People were able to choose where they spent their day, for example the communal living areas, their room or the garden. People told us they liked the staff, and we saw instances of caring and knowledgeable support being given. This meant people were comfortable and had choice.

People told us they liked going out. Unfortunately, due to staff vacancies, some people were not getting out as often as they should and were upset about this. Some people appeared bored at some points during the day. We observed some people sitting for a length of time with no meaningful interaction even though there were people talking round about them. This meant people could feel isolated, even in a busy room. At times staff spoke over people and did not include them in conversations and spoke about things that people did not need to hear (**See requirement 1**).

In one person's review in May 2025, it was highlighted that the low allocation of hours from the Health and Social Care Partnership did not cover the personal care hours that were required for the person's health, safety and wellbeing. When this happened the service sometimes used hours that were commissioned for other people. This meant people were not consistently getting their correct amount of support hours. The service should not use commissioned hours for other people. It was good that the need for increased commissioned hours was raised during a review meeting, and the service should continue to highlight this in order to achieve the right care for all people.

People's medication was not being consistently administered and recorded effectively. On the first day of inspection, confusion with staffing meant that one person got their medication much later than they should have, which was contrary to the care plan. Covert medication protocols were not written consistently throughout care plans, which could cause errors in the administration of the medication. The provider should ensure that storage and reconciliation of stock is clear and simple to use (**See requirement 2**).

People had guidance from multi-disciplinary colleagues about health care in their care plan. This helped support workers to understand their role in people's health and how to support their colleagues. Use of a falls cross was noted in team meeting minutes, but this was not available to view. If used, it would be a useful and up-to-date tool to support people's wellbeing. It would need to be regularly and accurately completed and be available for people to see. The service should make sure that all appropriate tools and guidance are accessible and being adhered to in daily practice.

People's finances were monitored through a system of receipts and running balance sheets. Where there was a financial guardian, receipts were sent to allow them to monitor the spending. The cash balances that we checked were in line with the running balance sheets. The sheets were difficult to follow at times. The need for careful and clear recording should be reiterated to all staff. This would help to ensure the process keeps people safe from financial harm.

The communal areas of the service required improvement. We found the large lounge to be used as a mixed staff/tenant area with one side having settees and TV, and the other having staff lockers and files with information for staff, for example, policy and procedures for staff to read, and infection control information.

The service is considering changing the information hub room back to a staff base, where staff bags and files could be kept. This would enable the communal area to be specifically for tenants and allow space for more activities to be done.

Some areas of the service were unclean and untidy, and the manager attended to these as soon as they were drawn to their attention. The communal kitchen was clean with everything stored neatly in cupboards and fridges. Opened food was labelled and dated correctly, to avoid it being used when it was unsafe. Some areas needed attention, for example, the trolley wheels were dirty, and the juice jugs in the fridge were not dated. The garden needed work to make it a pleasant and inviting area for people to spend time in. The provider was approaching community volunteers to support the service in improving this area (**see requirement 3**).

There was a menu in the kitchen so that staff knew what was for dinner each evening, but this was not easy for tenants to see. This should be more accessible for people, for example in the dining area, in a pictorial form. Tenants' meetings were not regular therefore unclear how the tenants are supported to make their wishes about their menu known. The manager told us that people were asked for their ideas.

## Requirements

1. By 30 September 2025, the provider must ensure people are treated with dignity and respect

To do this the provider must at a minimum:

- a) Ensure conversation when tenants are present is appropriate.
- b) Ensure people are involved in what is happening round about them, and conversations are meaningful to them.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011(SSI2011/210).

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

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1).

2. By 30 September 2025, the provider must ensure that people receive their medication as prescribed and recorded effectively.

To do this the provider must at a minimum:

- a) Ensure people receive medication at the correct time as prescribed on MARs sheets.
- b) Ensure covert protocols are clear and accurately reflected throughout care/medication plans.
- c) Ensure records of stock are clear and simple to use.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011(SSI2011/210).

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

3. By 30 September 2025, the provider must ensure people's wellbeing is supported by enabling them to enjoy all areas of their home and garden.

To do this the provider must as a minimum:

- a) Ensure all areas are clean and decluttered.
- b) Ensure communal spaces are easy for all people to use.
- c) Ensure there is a dedicated staff area, so communal areas are clearly for the tenants.
- d) Support and encourage people to use all areas.

This is to comply with Regulation 4(1)(a) and (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210).

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

'I am in the right place to experience the care and support I need and want' (HSCS 1.20); and  
'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

## How good is our leadership?

## 3 - Adequate

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

At the time of inspection, the management post was vacant. For some time, the service was coping with coordinators doing some of the manager's role, but this had become more difficult, and there was also a vacant coordinator post. The provider arranged temporary management cover using three senior managers in addition to the registered manager. Each had different areas of responsibility, and some came to the service once a week, and others connected online with the service. The aim was to provide support and embed improvements while there was a vacancy of the manager. This had been partially successful in bringing some stability to the service. However, there were still weak areas that need to be addressed, and this would be more achievable with a consistent on-site leadership team.

Quality assurance and improvement was not well led. Errors in the care plans should have been identified through care plan audits, and alterations made. This would ensure staff had the correct guidance to support people. Daily medication audits were not being consistently completed, which meant any errors with administration and recording were not being addressed. The service improvement plan which we received was not up to date. Therefore, we and, importantly, the senior managers could not be assured whether improvement had been completed or be able to use the document to track progress quality assurance of the staffing and rota was not sufficient to ensure people received their commissioned hours. There were difficulties because there were staff vacancies, and these needed to be filled. Someone needed to maintain a robust knowledge of how many staff were on duty at which time and ensure agency staff were brought in if hours were not covered. Time spent ensuring all hours had someone to work in them and then ensuring everyone was well deployed would lead to fewer errors, such as late medication or missed visit hours. **(See requirement 1)**

Accidents and incidents were being recorded. This was adequately done within the service. There were some that should have been notified to the Care Inspectorate and had not been. Also, there were some instances of potential harm where the Adult Protection Unit had been correctly informed, but no protection concern had been sent to Care Inspectorate. It is a legal requirement to keep the Care Inspectorate up to date with notifications so that timeous and appropriate support can be provided. The service co-ordinator was unsure

of the guidance in relation to when and what to notify the Care Inspectorate. An explanation was given on the day of inspection, and the guidance document was sent **(see requirement 2)**.

Supervision or one-to-one sessions had not taken place for at least 4 months. This meant no recorded conversations were taking place to help the managers understand and improve the service that the support workers were giving. It also meant that the support workers were missing out on an opportunity to describe their work, discuss their opinions and feelings, and give feedback on the service. Staff comments to us showed they felt more support was required. A more robust quality assurance system would pick up how staff were feeling and could make improvements to the supervision process. **(See requirement 3)**

The service kept a record of complaints, and these were dealt with within timescales. It was good that the complaints were being dealt with, however, the number and reasons for the complaints showed that further work was required to improve the quality of the service. Most of the complaints were about significant issues such as missed medication, financial disadvantage to a tenant, poor communication with families, and an epilepsy treatment plan not shared with another provider. These indicated practice, that could have harmful consequences. The provider undertook an appropriate investigation into these complaints and decided whether the complaint was upheld or not. Approximately half of the complaints were upheld, which showed the service agreed with that perception of poor care. The provider should ensure there is a lesson learned approach to outcomes of complaints, thus having an ethos of continuous improvement.

## Requirements

1. By 30 September 2025, the provider must ensure good outcomes are supported for people by an effective quality assurance system.

To do this, the provider as a minimum ensure:

- a) Quality assurance identifies good practice and areas for improvement.
- b) Analysis of the information gathered for quality assurance leads to actions for improvements.
- c) Leaders learn and embed lessons from the improvement journey.
- d) Feedback from service users, and their families and guardians, is gathered and used as part of the quality assurance process and to inform continuous improvement.

This is 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).

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).

2. By 30 September 2025, the provider must ensure the service can be supported to work effectively with people by submitting notifications to the Care Inspectorate.

To do this, the provider as a minimum:

- a) Ensure notification to the Care Inspectorate are received as per guidance.

This is to comply with Regulations 4(1)(a) and 4(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 which state that:

'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).

This is to ensure that the provider works in compliance with the guidance document: 'Adult care services: Guidance on records you must keep and notifications you must make' (March 2025).

3. By 30 September 2025, the provider must ensure that staff are well supported to enable people's health, safety and wellbeing

To do this, the provider as a minimum:

a) Ensure supervision is available to staff, both planned and unplanned.

b) Ensure, for both, there is a record of discussion which includes the wellbeing of staff.

This is to comply with Regulations 4(1)(a) 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 Standard (HSCS) 4.18 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).

## How good is our staff team?

## 2 - Weak

We evaluated this key question as weak, where there were strengths, but these were outweighed by weak areas that could potentially lead to poor outcomes for people.

The most obvious strength in this area was the staff team in the service. They told us that they cared about the people and were doing their best. When asked what was working well in the service, one member of staff told us, "When staff pull together in bad times, the staff can work very well together as a team." We saw genuine friendly interactions when the staff were with an individual person.

The staffing arrangements led to poor outcomes for people. There were a lot of hours that were not covered with the available staff team. This was because of vacancies, some absences, and annual leave. The unallocated shifts were made known to staff and to the agency, so people were free to pick up what they wanted to cover. One member of staff told us, "Unfortunately now the service users are suffering and are not receiving their allocated support hours due to extreme staff shortages and lack of structure and leadership." Staff told us that they try to do as much as they can to support people, but they were tired and would rather not be asked to do extra work. Where staff were picking up a lot of extra hours this was to their detriment, to their own wellbeing and their resilience. As well as some staff feeling tired, there was a difficulty with some hours not being covered by any staff, resulting in people not receiving their full allocation of support. The essential daily tasks were completed, and the support that was most often missed was one-to-one support. This was causing distress for both people and their families (**See requirement 1**).

The rota was confusing. On the first day of our inspection, it was thought that there were sufficient staff on duty, but this was incorrect. The result of not having enough staff was people's care being delivered late including administration of their medication and some hours being missed altogether. This was a risk to people's health and their wellbeing. We know from speaking with people, and from family replies to our survey, that this was concerning for people and families. Because of staff vacancies the person doing the



rota at this time was not experienced. We were told by a senior manager that a manager from another area would be coming in once a week to do the rota. If this support is consistent, it should be helpful.

Some interactions with service users were good. When spending time specifically with one person the workers were involved and focused on the person exclusively. People told us they liked this. We found staff to be often concerned with completing daily tasks and not able to spend quality time with people. This was a response to many weeks of staff shortages and led to people spending periods in a lonely situation instead of being involved in their home life. People could sit alone in the communal area and not be engaged or involved with the other tenants or the staff round about them. Staff did not have time to provide care and support with compassion and also engage in meaningful interactions with other people. The majority of survey responses said staff did not have enough time to care for and support people without rushing. When asked what could be better, one member of staff told us, "Rotas could be better, giving the service users their hours to do their activities as all they do is sit about as they are told there is no staff."

People were not always described or treated in a respectful manner. One example of this was when a person asked to receive all of their support hours. They were told there were not enough staff so that would not happen. This was abrupt and there was no attempt by staff to help the person at all. If the care and support that people need is not available or is delayed, staff should explain the reasons for this and help to find a suitable alternative. We were told that there were not enough staff, and that everyone was in the same position, so the person just had to accept that and do without. This was not a compassionate and individualised response. Another example was a person who was described as "pushing boundaries." This was not a respectful way to talk about an adult who was expressing disagreement about the way they were expected to behave. A preferable response would have been to talk with the person about how they were feeling and why, and to explore ways in which staff could be helpful and supportive. It is important that instances like this do not become commonplace and lead to a culture of disrespect and power imbalance in the service.

People were supported by a group of staff who had received a suite of training courses to equip them with knowledge and skills. A relatively new member of staff told us that the training gave them confidence to undertake the work. This should lead to good support for people, and an increase in quality checks and supervision will ensure that people use their training effectively for people.

## Requirements

1. By the 30 September 2025, the service must ensure people's needs are met by the right number of staff.

To do this the provider must, at a minimum:

- a) Regularly assess and review people's care and support needs.
- b) Demonstrate how the outcome of people's assessments are used to inform staff numbers and arrangements.
- c) Use quality assurance systems to evaluate people's care experience and ensure staffing arrangements are effective in providing person-centred support.

This is in order 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 Standard (HSCS) which state that:

'My needs are met by the right number of people' (HSCS 3:15).

## How well is our care and support planned?

## 3 - Adequate

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

Each person had a care plan. These contained basic information to support care. The plans had areas of good accurate information such as the personal information sections and the delegation of powers documents. They were divided into relevant sections, but these were not always completed with language and ideas that showed aspiration for people's lives and wishes. For example, a standard outcome for people was "to continue to live in my flat with appropriate support to maintain my tenancy." This is a core function within a housing support service. An outcome should be more than that. It should be a goal that people want to reach.

The plans focused mostly on tasks, and they also focused on people's deficits and what they cannot do independently. There was no place in the support plans to celebrate people's ideas and achievements and plan for their next goal or accomplishment, alongside their basic and vital care details. This is an area which should be improved (**See requirement 1**).

In survey replies some family members said they did not feel involved in support planning. Where families were involved in people's lives, they should also be involved in their support plans. A previous area for improvement relating to this aspect was not achieved, so this remains an area that needs to be improved (**See requirement 1**).

The daily notes were task centred and did not really relate to the title of the box they were written in. Examples were, in the 'living where I want' box it was noted what someone ate for their breakfast, and in the 'getting about inside and out' box it described how finances were being managed. The titles of the boxes were not helpful for writing daily notes that described people's overall experiences in a systematic and clear way. If this system is to remain then development needs to be undertaken by staff, to understand how to use the boxes and record effectively. We were told by senior management that this system was not used elsewhere by the provider and there were plans to change it.

People's support should be enhanced and guided by the daily notes. They should be helpful for staff to understand what is happening for people each day, and what elements of care require to continue. One example where this was not the case were a set of notes mentioning a health issue, but nothing was noted about how this was dealt with, about any changes, or about what should happen. This showed the notes were not being read and used effectively to support and record a pattern of care.

People's health was supported by a sufficient amount of advice being noted from multi-disciplinary colleagues, for example, catheter care, which enable staff to provide appropriate support. There were also health care sheets which gave clear advice for example, on diabetes, epilepsy and bowel care. This meant people could be assured staff understood what support was needed.

The service should ensure information with plans is accurate and relate to the person. We observed a risk assessment in a person's care plan which related to staff. This should be held separately in staff files and not in people's care plan. Another example was a physical interventions sheet, but the description was not about the staff using physical interventions, it was about the person becoming over stimulated and what staff should do. This information was not recorded on a correct form. If the correct forms are not used, then staff will not be able to access and use good guidelines to help them deliver the best support.

The activity sheets for people were about people going out of their home, for example, to day care or

swimming or shopping. It would be good to reflect people's interests whilst at home, which would help staff in supporting people to have a full and busy life.

## Requirements

1. By 30 September 2025, the provider must ensure people are supported effectively with their health, safety and wellbeing needs, through individualised and accurate care records.

To do this the provider must, at a minimum:

- a) Ensure care plans contain accurate information that cannot be misinterpreted.
- b) Ensure care plans include people's wishes and goals as well as physical care tasks.
- c) Ensure families and guardians are fully involved in planning and reviewing for people's care.
- d) Ensure daily notes provide enough information for support to be delivered consistently through changes of staff.

This is to comply with Regulation 4(1)(a) and 5 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); and

'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).

## 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 support people's wellbeing, the provider should ensure the right medication is given at the right time and ensure staff are applying their training in practice.

This should include, but is not limited to, clear instructions on the administration of covert medication and oversight of staff's practice.

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 September 2024.**

## Action taken since then

We found inconsistencies with the instructions for the administration of covert medication and people receiving the right medication at the right time (see key question 1).

This area for improvement has not been met and a requirement has been made in its place.

## Previous area for improvement 2

To support people to be involved in the development and improvement of the service, the provider should ensure people using the service and their representatives can influence the development of the service and have regular contact with management.

This should include, but not limited to, regular updates about service development and progress.

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

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

**This area for improvement was made on 24 September 2024.**

## Action taken since then

Tenants and relative meetings were limited and families told us they had little interaction with management. We understand that management arrangements needed to change while the manager's role has been vacant, however there should still have been regular tenant, family/representative meetings so that people can support and influence the development of the service.

This area for improvement has not been met and reinstated.

## Previous area for improvement 3

To support families or representatives in communicating with the service, the provider should ensure service contact information is available.

This should include, but not limited to, information on who to contact should they wish updates or have concern about their relative.

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).

**This area for improvement was made on 24 September 2024.**

## Action taken since then

We saw information in the hub room with the names and contact details for families should they need updates or have concerns about their relatives. Staff told us families were calling the service. This meant families and representatives would be kept up to date with their relative's health and wellbeing.

This area for improvement has been met.

#### Previous area for improvement 4

To ensure people's care plan reflects individuals' daily experiences, the provider should ensure that the information recorded is written with the person at the centre of the record.

This should include, but not be limited to, using person-centred language which reflects the individual's physical and psychological feelings.

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 September 2024.**

#### Action taken since then

Whilst we saw improvement in some care plans, we found most care plans were task-focused and did not consider all aspects of people's wellbeing. We noted language not to be person-centered with the use of abbreviations which people may not understand.

This area for improvement was not met, and a requirement was made in its place. (see key question 5)

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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